

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N25252** (0)

1. Corporation Name
CONGREGATION B'NAI ISRAEL OF ST. PETERSBURG, FLO RIDA, INC.



Principal Place of Business: **301 59TH ST. N. ST. PETERSBURG FL 33710**
Mailing Address: **301 59TH ST. N. ST. PETERSBURG FL 33710**

3. Date Incorporated or Qualified: **03/08/1988**
3a. Date of Last Report: **04/28/1995**

| | | | |
|---------------------------------|-------------------------|---|--|
| 21. Principal Place of Business | 2a. Mailing Address | 4. FEI Number | Applied For |
| 22. Suite, Apt. #, etc. | 26. Suite, Apt. #, etc. | 59-0747302 | Not Applicable |
| 23. City & State | 27. City & State | 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
| 24. Zip | 28. Zip | 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 25. Country | 29. Country | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | | |
|--|--------------|--|-----------|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| LUDIN, ERIC PIPER & LUDIN, P.A. 5720 CENTRAL AVE. ST. PETERSBURG FL 33707 | | 81. Name | |
| | | 82. Street Address (P.O. Box Number is Not Acceptable) | |
| | | 83. | |
| | | 84. City | FL |
| | 85. Zip Code | | |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------------|---|---|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WEISBERG, ROBERT | 1.2 NAME | |
| STREET ADDRESS | 332 7TH AVENUE N. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | TIERRA VERDE FL 33715 | 1.4 CITY-ST-ZIP | |
| TITLE | VD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PEARLSTEIN, REVA | 2.2 NAME | |
| STREET ADDRESS | 7919 PAR AVENUE N. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST. PETERSBURG FL 33710 | 2.4 CITY-ST-ZIP | |
| TITLE | VD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HOPES, SCOTT | 3.2 NAME | |
| STREET ADDRESS | 2052 CAROLINA AVE. N.E. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST. PETERSBURG FL 33703 | 3.4 CITY-ST-ZIP | |
| TITLE | VD <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SMALBACH, NEAL | 4.2 NAME | |
| STREET ADDRESS | 301 BATH CLUB N. | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | REDINGTON BEACH FL 33708 | 4.4 CITY-ST-ZIP | |
| TITLE | SD <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BLANCHARD, DEBORAH | 5.2 NAME | |
| STREET ADDRESS | 14881 PINECREST DR. | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | SEMINOLE FL 34644 | 5.4 CITY-ST-ZIP | |
| TITLE | TD <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MIZRAHI, RALPH | 6.2 NAME | |
| STREET ADDRESS | 7011 MANGO AVE. S. | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST. PETERSBURG FL 33707 | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert Weisberg Date: 4/30/96 Daytime Phone #: _____

CR2E037 (12/95)