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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N25252

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/08/1988
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 59-0747302
23 City & State	28 City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip	29 Country	30 Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

LUDIN, ERIC
 PIPER & LUDIN, P.A.
 5720 CENTRAL AVE.
 ST. PETERSBURG FL 33707

10. Name and Address of New Registered Agent

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 office 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORDON, JUDITH	1.2 NAME	Gordon, Judith
STREET ADDRESS	9029 BAYWOOD PARK DR N.	1.3 STREET ADDRESS	9029 Baywood Park Dr. N.
CITY-ST-ZIP	SEMINOLE FL	1.4 CITY-ST-ZIP	Seminole, FL 33777
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	1st Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEARLSTEIN, REVA	2.2 NAME	Halprin, David
STREET ADDRESS	7919 PAR AVENUE N.	2.3 STREET ADDRESS	241 74nd Street N
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	St. Petersburg, FL 33710-7548
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	co-2nd Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLOMKA, SANDY	3.2 NAME	Slomka, Sandy
STREET ADDRESS	7993-10TH AVE. S.	3.3 STREET ADDRESS	7993 10th Avenue S
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	St. Petersburg, FL 3333707
TITLE	VD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	co-2nd Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMALBACH, NEAL	4.2 NAME	Silverberg, Shelly
STREET ADDRESS	301 BATH CLUB N.	4.3 STREET ADDRESS	6102 Kipps colony Drive W
CITY-ST-ZIP	REDINGTON BEACH FL 33708	4.4 CITY-ST-ZIP	Gulfport, FL 33707
TITLE	SD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	3rd Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BORNSTEIN, MORRIS	5.2 NAME	Reiskind, Laurie
STREET ADDRESS	13356 88TH AVE N.	5.3 STREET ADDRESS	8422 Merrifi Circle
CITY-ST-ZIP	SEMINOLE FL	5.4 CITY-ST-ZIP	Largo, FL 33777
TITLE	TD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BENSTOCK, MICHAEL	6.2 NAME	Sher, Karen
STREET ADDRESS	12383 WINDTREE BLVD.	6.3 STREET ADDRESS	8651 Maidstone CT
CITY-ST-ZIP	SEMINOLE FL	6.4 CITY-ST-ZIP	Largo, FL 33777

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: Naomi Berg, Treasurer *Naomi Berg 3/17/99* (727) 381-0029
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR25037 (11/98)