
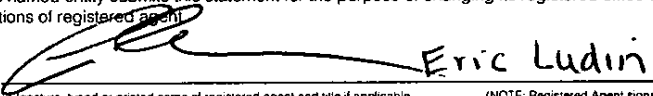
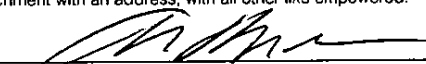


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2005 8:00 am
Secretary of State

07-07-2005 90003 010 ****61.25

DOCUMENT # N25252					
1. Entity Name CONGREGATION B'NAI ISRAEL OF ST. PETERSBURG, FLORIDA, INC.					
Principal Place of Business 300 58 ST. N. ST. PETERSBURG, FL 33710		Mailing Address 300 58 ST. N. ST. PETERSBURG, FL 33710			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-0747302	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LUDIN, ERIC PIPER & LUDIN, P.A. <i>Piper, Ludin, Howie + Werner</i> 5720 CENTRAL AVE. ST. PETERSBURG, FL 33707				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  Eric Ludin				DATE 6/29/05	
Filing Fee is \$61.25 Due by September 7, 2005				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	TO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALLACE, MICHAEL		NAME	Jack Goldfarb	
STREET ADDRESS	6697 11TH AVE N		STREET ADDRESS	9524 123rd Way N.	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710		CITY-ST-ZIP	Seminole, FL 33772	
TITLE	3VPD	<input checked="" type="checkbox"/> Delete	TITLE	3VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEUSBERG, CYNTHIA		NAME	Berman, Suzanne	
STREET ADDRESS	1695 PINELLAS BAYWAY A-7		STREET ADDRESS	9487 125th St N.	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33715		CITY-ST-ZIP	Seminole, FL 33772	
TITLE	1VPD	<input type="checkbox"/> Delete	TITLE	2VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTZ, SUSAN		NAME		
STREET ADDRESS	1681 LONGBOW LANE		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 34624		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROSS, ALAN		NAME		
STREET ADDRESS	11346 HERITAGE WAY		STREET ADDRESS		
CITY-ST-ZIP	LARGO, FL 33778		CITY-ST-ZIP		
TITLE	3VPD	<input checked="" type="checkbox"/> Delete	TITLE	1VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BORNSTEIN, MORRIS		NAME	Susan Levine	
STREET ADDRESS	13356 88 AVE N		STREET ADDRESS	1169 79th St S.	
CITY-ST-ZIP	SEMINOLE, FL 33776		CITY-ST-ZIP	St. Petersburg 33707	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARREN, GAIL		NAME		
STREET ADDRESS	1295 81 ST S		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33707		CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 				Date: 6/28/05 Daytime Phone #: 727-898-9011	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					