
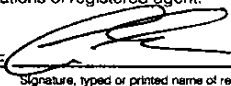



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006 8:00 am
Secretary of State

01-10-2006 90030 047 ****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		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LUDIN, ERIC PIPER, LUDIN, HOWIE & WERNER 5720 CENTRAL AVE. ST. PETERSBURG, FL 33707		Name <u>Ludin, Eric</u> Street Address (P.O. Box Number is Not Acceptable) <u>Tucker + Ludin 13577 Feather Sound Dr. Clearwater FL 33762</u> City <u>FL</u> 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 <u>1/5/06</u> DATE	
Filing Fee is \$81.25 Due by May 1, 2006		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	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDFARB, JACK	NAME	
STREET ADDRESS	9524 123RD WAY NORTH	STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE, FL 33772	CITY-ST-ZIP	
TITLE	3VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERMAN, SUZANNE	NAME	
STREET ADDRESS	9487 125TH STREET NORTH	STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE, FL 33772	CITY-ST-ZIP	
TITLE	2VPD <input type="checkbox"/> Delete	TITLE	<input 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	PD <input type="checkbox"/> Delete	TITLE	<input 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	IVPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LE VINE, SUSAN	NAME	
STREET ADDRESS	1169 79TH STREET SOUTH	STREET ADDRESS	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33707	CITY-ST-ZIP	
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 exemptions contained in Chapter 119, 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 <u>1/5/06</u> Daytime Phone # <u>727-381-4900</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

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01042006 Chg-NP CR2E037 (11/05)