


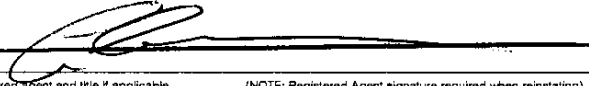
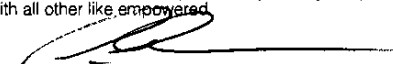
**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90077 014 \*\*\*\*61.25

40013763



<b>DOCUMENT # N25252</b>							
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 - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02062007 Chg-NP CR2E037 (12/06)			
City & State		City & State		4. FEI Number 59-0747302			
Zip		Country		Applied For Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
LUDIN, ERIC TUCKER & LUDIN 13577 FEATHER SOUND DR CLEARWATER, FL 33762			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: <u>Eric Ludin</u>				DATE: <u>2/6/07</u>			
Filing Fee is \$61.25 Due by May 1, 2007		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 checked="" type="checkbox"/> Delete	TITLE	2VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SCHWARTZ, SUSAN		NAME	Hanna, Ed			
STREET ADDRESS	1681 LONGBOW LANE		STREET ADDRESS	471 Haven Point Drive			
CITY-ST-ZIP	CLEARWATER, FL 34624		CITY-ST-ZIP	Treasure Island, FL 33706			
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: <u>Eric Ludin</u>				DATE: <u>2/6/07</u>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				727-381-4900 Daytime Phone #			