


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 16, 2008 8:00 am**  
**Secretary of State**

01-16-2008 90049 012 \*\*\*\*61.25

<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.			
City & State		City & State		4. FEI Number 59-0747302	
Zip		Country		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
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 type="checkbox"/> Addition
NAME	HANNA, ED		NAME	KAREN SHER	
STREET ADDRESS	471 HAVEN POINT DRIVE		STREET ADDRESS	8651 MAIDSTONE CT	
CITY-ST-ZIP	TREASURE ISLAND, FL 33706		CITY-ST-ZIP	LARGO FL 33777	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	IVPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROSS, ALAN		NAME	HAROLD POLLACK	
STREET ADDRESS	11346 HERITAGE WAY		STREET ADDRESS	5908 PELICAN BAY PLAZA SOUTH	
CITY-ST-ZIP	LARGO, FL 33778		CITY-ST-ZIP	ST. PETERSBURG FL 33707	
TITLE	IVPD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LE VINE, SUSAN		NAME	LEVINE, SUSAN	
STREET ADDRESS	1169 79TH STREET SOUTH		STREET ADDRESS	1169 79th ST S	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33707		CITY-ST-ZIP	SAINT PETERSBURG FL 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 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: <i>Gail Warren</i>		Gail Warren		1/16/08 727-381-4900	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	