

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N27941 (6)

1. Corporation Name
YOUNG ISRAEL OF CLEARWATER, INC.



Principal Place of Business: **2385 TAMPA RD. STE. 1 PALM HARBOR FL 34683 US**
Mailing Address: **33 N. GARDEN AVENUE #960 C/O ROBERT L. TANKEL. ESO. CLEARWATER FL 34615-1116**

3. Date Incorporated or Qualified: **08/15/1988**
3a. Date of Last Report: **05/01/1995**

21	2. Principal Place of Business	2a. Mailing Address	26	P.O. Box 5124	4. FEI Number	59-2905025	Applied For	Not Applicable
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	40 ROBERT L. TANKEL ESO.	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
23	City & State	City & State	28	CLEARWATER, FL	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	Zip	Country	29	34615-1116	30	U.S.A.	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
TANKEL, ROBERT L. 33 N GARDEN AVENUE #960 BECKER, & POLIAKOFF CLEARWATER FL 34615-1116				81	Name			TANKEL, ROBERT L.
				82	Street Address (P.O. Box Number Is Not Acceptable)			2655 MCCORMICK DRIVE
				83	City			TENN. ZIMMER, BARRETT, ZIMMER & ALICE
				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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	STO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GALLER, RON			1.2 NAME	ADLER, SHALOM		
STREET ADDRESS	2690 CORAL LANDINGS BLVD #221			1.3 STREET ADDRESS	5176 LAKE VALENCIA BOULEVARD, EAST		
CITY - ST - ZIP	PALM HARBOR FL			1.4 CITY - ST - ZIP	PALM HARBOR, FL 34684-4013		
TITLE	STV	<input type="checkbox"/> DELETE		2.1 TITLE	VO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KREISLER, LEON			2.2 NAME	KREISLER LEON		
STREET ADDRESS	9932 U.S. HWY. 19 N.			2.3 STREET ADDRESS	1000 ROYAL RIVKALE DRIVE		
CITY - ST - ZIP	PORT RICHEY FL			2.4 CITY - ST - ZIP	TARPON SPRINGS, FL 34689		
TITLE	PD	<input type="checkbox"/> DELETE		3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BROWN, IRVING			3.2 NAME	KORE, AVRAHAM		
STREET ADDRESS	110 CLAY'S TRAIL			3.3 STREET ADDRESS	1140 ALTON ROAD		
CITY - ST - ZIP	OLDSMAR FL			3.4 CITY - ST - ZIP	MIAMI BEACH, FL 33139		
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KATZ, CHARLES			4.2 NAME	ADLER, CHANIE		
STREET ADDRESS	3423 MERMOOR DR #205			4.3 STREET ADDRESS	5176 LAKE VALENCIA BOULEVARD EAST		
CITY - ST - ZIP	PALM HARBOR FL			4.4 CITY - ST - ZIP	PALM HARBOR, FL 34684-4013		
TITLE	P	<input checked="" type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GALLER, ILENE			5.2 NAME			
STREET ADDRESS	2690 CORAL LANDINGS BLVD #221			5.3 STREET ADDRESS			
CITY - ST - ZIP	PALM HARBOR FL			5.4 CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BENET, GAIL			6.2 NAME			
STREET ADDRESS	3155 VALEMOORE DR.			6.3 STREET ADDRESS			
CITY - ST - ZIP	PALM HARBOR FL			6.4 CITY - ST - ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: **SHALOM ADLER, DIRECTOR** FEB 12 96 (813) 789-0409
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E037 (12/95)