

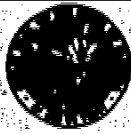
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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # N36000 (0)

**1. Corporation Name
CONGREGATION M'ATEH CHAM, INCORPORATED**

**Principal Place of Business Mailing Address
P. O. BOX 08047 P. O. BOX 08047
PALM BAY FL 32908 PALM BAY FL 32908**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/08/1990 3a. Date of Last Report 03/21/1994
4. FEI Number 59-2970132 Applied For Not Applicable
5. Certificate of Status Desired [X] \$0.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [] \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status [X] \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [] Yes [X] No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**BURBERRY, LEE
789 JOHN CARROLL LANE
WEST MELBOURNE FL 32904**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.) DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	SARBIN, ALAN
STREET ADDRESS	915 PIEDMONT AVE NE
CITY-ST-ZIP	PALM BAY FL
TITLE	T
NAME	BURBERRY, LEE
STREET ADDRESS	789 JOHN CARROLL LN
CITY-ST-ZIP	WEST MELBOURNE FL
TITLE	D
NAME	GOLDBERG, BOB
STREET ADDRESS	1241 MEDINA AVENUE NW
CITY-ST-ZIP	PALM BAY FL
TITLE	SO
NAME	MAY, HARRIETT
STREET ADDRESS	198 PELICAN DR. N.E.
CITY-ST-ZIP	PALM BAY FL 32907
TITLE	VP
NAME	SCHIFF, MARILYN
STREET ADDRESS	1372 ASHFORD ST.
CITY-ST-ZIP	PALM BAY FL
TITLE	D
NAME	SIMON, HANK
STREET ADDRESS	401 TOPEKA RD. SW
CITY-ST-ZIP	PALM BAY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Pantowitz Barry	
1.3 STREET ADDRESS	170 Driskell St NE	
1.4 CITY-ST-ZIP	Palm Bay Fl 32907	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Simon Hank	
6.3 STREET ADDRESS		
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 110.07(3)(b), 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: Lee Barbary Lee Barbary 4/16/95 407 727 5317
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #