

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N36000 (0)**

1. Corporation Name

**CONGREGATION M'ATEH CHAIM, INCORPORATED**



Principal Place of Business

Mailing Address

P. O. BOX 060847  
PALM BAY FL 32906

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PALM BAY FL 32906

3. Date Incorporated or Qualified **01/08/1990** 3a. Date of Last Report **04/21/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**59-2970132**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

22

27

23

28

24

25

Country

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BURBERRY, LEE  
769 JOHN CARROLL LANE  
WEST MELBOURNE FL 32904**

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VP	<input type="checkbox"/> DELETE
NAME	PORTNOWITZ, BARRY	
STREET ADDRESS	170 DRISKELL ST N.E.	
CITY - ST - ZIP	PALM BAY FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BURBERRY, LEE	
STREET ADDRESS	769 JOHN CARROLL LN	
CITY - ST - ZIP	WEST MELBOURNE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOLDBERG, BOB	
STREET ADDRESS	1241 MEDINA AVENUE NW	
CITY - ST - ZIP	PALM BAY FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MAY, HARRIETT	
STREET ADDRESS	198 PELICAN DR. N.E.	
CITY - ST - ZIP	PALM BAY FL 32907	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SCHIFF, MARILYN	
STREET ADDRESS	1372 ASHFORD ST.	
CITY - ST - ZIP	PALM BAY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SIMON, HELENE	
STREET ADDRESS	481 TOPEKA RD. SW	
CITY - ST - ZIP	PALM BAY FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
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 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: *Lee Burberry* Lee Burberry

2/28/96

407-724-9214

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)