


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90099 034 \*\*\*\*70.00

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N36000**  
 1. Corporation Name  
**CONGREGATION M'ATEH CHAIM, INCORPORATED**

Principal Place of Business P. O. BOX 060847 PALM BAY FL 32906	Mailing Address P. O. BOX 060847 PALM BAY FL 32906
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>01/08/1990</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>59-2970132</b>
22. City & State	27. City & State	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
23. Zip	28. Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24. Zip	25. Country	29. Zip
26. Country	30. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent

**BURBERRY, LEE**  
**769 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 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PORTNOWITZ, BARRY</b>	1.2 NAME	
STREET ADDRESS	<b>170 DRISKELL ST N.E.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BAY FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BURBERRY, LEE</b>	2.2 NAME	
STREET ADDRESS	<b>769 JOHN CARROLL LN</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WEST MELBOURNE FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOLDBERG, BOB</b>	3.2 NAME	
STREET ADDRESS	<b>1241 MEDINA AVENUE NW</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BAY FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAY, HARRIETT</b>	4.2 NAME	
STREET ADDRESS	<b>198 PELICAN DR. N.E.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BAY FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHIFF, MARILYN</b>	5.2 NAME	
STREET ADDRESS	<b>1372 ASHFORD ST.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BAY FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIMON, HELENE</b>	6.2 NAME	
STREET ADDRESS	<b>481 TOPEKA RD. SW</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BAY FL</b>	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *[Signature]* **2/24/99**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)