

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

FILED  
May 01 1996 8:00 am  
Secretary of State

DOCUMENT # N94000000160 (1)

1. Corporation Name

CONGREGATION AHAVAS YISRAEL CORPORATION

Principal Place of Business

Mailing Address

708 LAKE HOWELL RD.  
MAITLAND FL 32751  
US

708 LAKE HOWELL RD.  
MAITLAND FL 32751  
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/04/1994		3a. Date of Last Report 05/01/1995	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-3222318		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		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

DUBOV, SHOLOM B.  
642 GREEN MEADOW AVE.  
MAITLAND FL 32751

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	P	11 TITLE	D.
NAME	GOLDMAN, STUART	12 NAME	MIRIAM BECKER
STREET ADDRESS	573 GREEN MEADOW CT.	13 STREET ADDRESS	840 W. Forest Brook Rd
CITY-ST-ZIP	MAITLAND FL	14 CITY-ST-ZIP	Maitland, FL 32751
TITLE	S	21 TITLE	
NAME	MARKOWITZ, ALAN	22 NAME	
STREET ADDRESS	200 MAITLAND AVE. #162	23 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	
NAME	LICHT, HERB	32 NAME	
STREET ADDRESS	151 VARIETY TREE CIR	33 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	34 CITY-ST-ZIP	
TITLE	D, S	41 TITLE	
NAME	DANZIGER, DAVID JUDGE	42 NAME	
STREET ADDRESS	2015 VENETIAN WAY	43 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	
NAME	LIPSKER, RABBI YOSEF	52 NAME	
STREET ADDRESS	641 BROOKSIDE RD.	53 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL	54 CITY-ST-ZIP	
TITLE	D.	61 TITLE	
NAME	Robert Hara	62 NAME	
STREET ADDRESS	118 N. Wymore Road	63 STREET ADDRESS	
CITY-ST-ZIP	Winter Park, FL 32789	64 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/16/96

407-644-2500

CR2E037 (12/95)