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Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

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

3. Date Incorporated or Qualified

01/04/1994

4. FEI Number

59-3222318

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

D

XX DELETE

NAME

LEDEE, YESHUA

STREET ADDRESS

PO BOX 181698

CITY-ST-ZIP

CASSELBERRY FL

TITLE

D

DELETE

NAME

BECKER, MIRIAM

STREET ADDRESS

840 WEST FOREST BROOK ROAD

CITY-ST-ZIP

MAITLAND FL 32751

TITLE

D

DELETE

NAME

COOPER, SHELDON

STREET ADDRESS

107 WHEATLAND CT

CITY-ST-ZIP

LONGWOOD FL

TITLE

D

DELETE

NAME

DANZIGER, DAVID JUDGE

STREET ADDRESS

2015 VENETIAN WAY

CITY-ST-ZIP

WINTER PARK FL

TITLE

D

DELETE

NAME

HARA, ROBERT

STREET ADDRESS

118 NORTH WYMORE ROAD

CITY-ST-ZIP

WINTER PARK FL 32789

TITLE

P

DELETE

NAME

DUBOV, SHOLOM B

STREET ADDRESS

642 GREEN MEADOW AVE

CITY-ST-ZIP

MAITLAND FL

1.1 TITLE

D

Change

XX Addition

1.2 NAME

Ben Brody

1.3 STREET ADDRESS

204 Esplanade Way Unit 100

1.4 CITY-ST-ZIP

Casselberry, FL 32707

Change

Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change

Addition

Change

Addition

Change

Addition

Change

Addition

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.

SIGNATURE:

2/1/98 (447) 444-2000

CR2E037 (10/97)