


FILE NOW: FILING FEE IS \$61.25

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Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90060 041 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # N94000000160

1. Corporation Name

CONGREGATION AHAVAS YISRAEL CORPORATION

Principal Place of Business

708 LAKE HOWELL RD.
 MAITLAND FL 32751
 US

Mailing Address

708 LAKE HOWELL RD.
 MAITLAND FL 32751
 US



| | | | | | |
|--------------------------------|--|---------------------|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | | 26 | | 01/04/1994 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| 22 | | 27 | | 59-3222318 | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | |
| 23 | | 28 | | \$8.75 Additional Fee Required | |
| Zip | | Zip | | 6. Election Campaign Financing | |
| 24 | | 29 | | Trust Fund Contribution <input type="checkbox"/> | |
| Country | | Country | | \$5.00 May Be Added to Fees | |
| 25 | | 30 | | | |

9. Name and Address of Current Registered Agent

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

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

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 <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BEN BROLY | 1.2 NAME | |
| STREET ADDRESS | 204 ESPLANADE WAY #100 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | CASSELBERRY FL 32707 | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BECKER, MIRIAM | 2.2 NAME | |
| STREET ADDRESS | 840 WEST FOREST BROOK ROAD | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MAITLAND FL 32751 | 2.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COOPER, SHELDON | 3.2 NAME | Sheldon Cooper |
| STREET ADDRESS | 107 WHEATLAND CT. | 3.3 STREET ADDRESS | 682 Green Meadow Ave. |
| CITY-ST-ZIP | LONGWOOD FL | 3.4 CITY-ST-ZIP | Maitland, FL 32751 |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DANZIGER, DAVID JUDGE | 4.2 NAME | |
| STREET ADDRESS | 2015 VENETIAN WAY | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | WINTER PARK FL | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HARA, ROBERT | 5.2 NAME | |
| STREET ADDRESS | 118 NORTH WYMORE ROAD | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | WINTER PARK FL 32789 | 5.4 CITY-ST-ZIP | |
| TITLE | P <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DUBOV, SHOLOM B | 6.2 NAME | |
| STREET ADDRESS | 642 GREEN MEADOW AVE | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | MAITLAND FL | 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)(l), 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]* **SIGNATURE REQUIRED** (Treasurer / D) 1/5/99 (407) 645 2500
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0016075

CR2E037 (1/1/98)