


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 22, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N94000005977</b>					
1. Entity Name <b>CONGREGATION ALIYAH OF FT. LAUDERDALE, INC.</b>					
Principal Place of Business <b>9515 S.W. FIRST COURT CORAL SPRINGS FL 33071</b>			Mailing Address <b>9515 S.W. FIRST COURT CORAL SPRINGS FL 33071</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt #, etc.			Suite, Apt #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>65-0537811</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>GOLDMAN, N. SAUL 9515 S.W. FIRST COURT CORAL SPRINGS FL 33071</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City <b>FL</b> Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	U00000323348 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GOLDMAN, N. SAUL</b>		NAME	<b>04/22/05-80050-008 61.25</b>	
STREET ADDRESS	<b>9515 S.W. FIRST COURT</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33071</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WISEMAN, NEAL</b>		NAME		
STREET ADDRESS	<b>251 JACARAMA DR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PLANTATION FL 33324</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GOLD, MURRAY</b>		NAME		
STREET ADDRESS	<b>13759 A DATE PALM COURT C</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>DELRAY BEACH FL 33484</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BENNETT, LEVIN</b>		NAME		
STREET ADDRESS	<b>2301 CHERRY ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PHILADELPHIA PA</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <i>N. Saul Goldman</i>		<i>N. SAUL Goldman</i>		<i>4/15/05 914-753-791</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					