

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

DOCUMENT # **717077** (2)

1. Corporation Name

CONGREGATION OF LIBERAL JUDAISM, INC.



Principal Place of Business

Mailing Address

928 MALONE DR
ORLANDO FL 32810

928 MALONE DR
ORLANDO FL 32810

3. Date Incorporated or Qualified

09/04/1969

3a. Date of Last Report

02/23/1995

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

4. FEI Number

59-0882965

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRAGUE, MARTIN M.
321 BELOIT AVE
WINTER PARK FL 32789

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	700001804267 -05/02/96--01013--027
84	City
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	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT - PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAHN, LINDA		1.2 NAME	FERN C. BURR	
STREET ADDRESS	4172 AUGHTON COURT		1.3 STREET ADDRESS	2030 PALM WAY	
CITY-ST-ZIP	WINTER SPRINGS FL		1.4 CITY-ST-ZIP	SANFORD FL 32773	
TITLE	PD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CONLEY, ANN		2.2 NAME	Jeff Bindell	
STREET ADDRESS	1454 STRATFORD ROAD		2.3 STREET ADDRESS	9222 Wickham Way	
CITY-ST-ZIP	MAITLAND FL		2.4 CITY-ST-ZIP	Orlando, FL 32836	
TITLE	CD	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINER, MAURA		3.2 NAME		
STREET ADDRESS	447 BRIARWOOD DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL		3.4 CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	2nd V.P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALK, MITCHELL		4.2 NAME	Beth Dubin	
STREET ADDRESS	837 SILK OAK TERRACE		4.3 STREET ADDRESS	170 Lake Destiny Trail	
CITY-ST-ZIP	LAKE MARY FL		4.4 CITY-ST-ZIP	Altamonte Springs, FL 32714	
TITLE	VD	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALPERIN, LAWRENCE		5.2 NAME		
STREET ADDRESS	408 SPRING VALLE LANE		5.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		5.4 CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	SEC.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATZ, CAROL		6.2 NAME	JANICE ELLINGTON	
STREET ADDRESS	1341 CANAL POINT ROAD		6.3 STREET ADDRESS	110 ELDERBERET LANE	
CITY-ST-ZIP	LONGWOOD FL		6.4 CITY-ST-ZIP	LONGWOOD, FL 32779	

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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/96

Date

407 246 6036

Daytime Phone #

CR2E037 (12/95)