


FILE NOW: FILING FEE IS \$61.25

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**Feb 18 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 717077 (2)
1. Corporation Name
CONGREGATION OF LIBERAL JUDAISM, INC.



Principal Place of Business 928 MALONE DR ORLANDO FL 32810	Mailing Address 928 MALONE DR ORLANDO FL 32810-5530
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3. Date Incorporated or Qualified 09/04/1969	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 59-0882965	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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
**PRAGUE, MARTIN M.
321 BELOIT AVE
WINTER PARK FL 32789**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BURR, FERN C	
STREET ADDRESS	2030 PALM WAY	
CITY - ST - ZIP	SANFORD FL 32773	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BINDELL, JEFF	
STREET ADDRESS	9222 WICKHAM WAY	
CITY - ST - ZIP	ORLANDO FL 32836	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	WEINER, MAURA	
STREET ADDRESS	447 BRIARWOOD DR	
CITY - ST - ZIP	WINTER PARK FL	
TITLE	VP2	<input checked="" type="checkbox"/> DELETE
NAME	DUBIN, BETH	
STREET ADDRESS	170 LAKE DESTINY TR	
CITY - ST - ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HALPERIN, LAWRENCE	
STREET ADDRESS	408 SPRING VALLE LANE	
CITY - ST - ZIP	ALTAMONTE SPRINGS FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	ELLINGTON, JANICE	
STREET ADDRESS	110 ELDERBERRY LN.	
CITY - ST - ZIP	LONGWOOD FL 32779	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	2ND VICE PRESIDENT <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MARILYN GOLDMAN
4.3 STREET ADDRESS	1670 HURON TRAIL
4.4 CITY - ST - ZIP	MAITLAND, FL 32751
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Secretary
6.3 STREET ADDRESS	Walk, Mitchell
6.4 CITY - ST - ZIP	837 SILK OAK TERRACE LAKE MARY FL 32746

14. I do 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: Maura Weiner **REQUIRED** 2/4/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0017078

CPRE037 (9/96)