

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90038 044 ****61.25

DOCUMENT # 717077

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		09/04/1969	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-0882965	
24 Country		29 Country		30	
5. Certificate of Status Desired				Applied For	
<input type="checkbox"/>				<input type="checkbox"/>	
				Not Applicable	
6. Election Campaign Financing				\$8.75 Additional Fee Required	
<input type="checkbox"/>				<input type="checkbox"/>	
Trust Fund Contribution				\$5.00 May Be Added to Fees	

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 releasing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	1st VP
NAME	GROSSMAN, PAUL	1.2 NAME	Amon, Linda - T
STREET ADDRESS	104 JUNIPER LN	1.3 STREET ADDRESS	1727 Lake Waumpi Drive
CITY-ST-ZIP	LONGWOOD FL 32779	1.4 CITY-ST-ZIP	Maitland, FL 32751
TITLE	TD	2.1 TITLE	
NAME	ELLINGTON, JAN	2.2 NAME	
STREET ADDRESS	110 ELDERBERRY LN	2.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32779	2.4 CITY-ST-ZIP	
TITLE	CD	3.1 TITLE	
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	4.1 TITLE	President - T
NAME	WALK, NANCY	4.2 NAME	Walk, Nancy
STREET ADDRESS	837 SILK OAK TERRACE	4.3 STREET ADDRESS	837 Silk Oak Terrace
CITY-ST-ZIP	LAKE MARY FL 32746	4.4 CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	VP	5.1 TITLE	Secretary - T
NAME	STEIN, ARNOLD	5.2 NAME	Kohn, MEL
STREET ADDRESS	1951 THUNDERBIRD TR	5.3 STREET ADDRESS	1430 Stormway Court
CITY-ST-ZIP	MAITLAND FL 32751	5.4 CITY-ST-ZIP	Apopka, FL 32712
TITLE	S	6.1 TITLE	2nd VP
NAME	GOLD, ROBERT	6.2 NAME	Gold, Robert - T
STREET ADDRESS	6689 PINE SHADOW CT	6.3 STREET ADDRESS	6689 Pine Shadow Court
CITY-ST-ZIP	LONGWOOD FL 32779	6.4 CITY-ST-ZIP	Longwood, FL 32779

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/16/99

645-0444

CR2E037 (1/98)