

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717077

FILED
Apr 02, 2009
Secretary of State

Entity Name: CONGREGATION OF REFORM JUDAISM, INC.

Current Principal Place of Business:

928 MALONE DR
ORLANDO, FL 32810

New Principal Place of Business:

Current Mailing Address:

928 MALONE DR
ORLANDO, FL 32810

New Mailing Address:

FEI Number: 59-0882965 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANDEY, HAROLD
1421 CANAL POINT RD.
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: LANDEY, HAROLD
Address: 1421 CANAL POINT ROAD
City-St-Zip: LONGWOOD, FL 32750

Title: T () Delete
Name: SELSKY, CLIFFORD DR
Address: 1018 KEWANNEE TRAIL
City-St-Zip: MAITLAND, FL 32751

Title: V () Delete
Name: LEAVITT, MARK
Address: 6095 LINNEAL BEACH DRIVE
City-St-Zip: APOPKA, FL 32703

Title: V () Delete
Name: DEHAYES, SUSAN
Address: 8028 SHALACE COURT
City-St-Zip: ORLANDO, FL 32818

Title: S () Delete
Name: BRETT, DEREK
Address: 1407 S. OSCEOLA AVENUE
City-St-Zip: ORLANDO, FL 32806

Title: P () Delete
Name: SACHAROFF, ALEX DR.
Address: 1279 OAKFORD PLACE
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: SELSKY, CLIFFORD DR
Address: 1018 KEWANNEE TRAIL
City-St-Zip: MAITLAND, FL 32751

Title: V (X) Change () Addition
Name: RENDER, BARRY
Address: 2630 VIA TUSCANY
City-St-Zip: WINTER PARK, FL 32789

Title: T (X) Change () Addition
Name: SIEGEL, JOHN
Address: 1285 GLENCREST DRIVE
City-St-Zip: LAKE MARY, FL 32746

Title: S (X) Change () Addition
Name: BOGEL, LAUREN
Address: 1230 VIA ESTRELLA
City-St-Zip: WINTER PARK, FL 32789

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALEX SACHAROFF

P

04/02/2009

Electronic Signature of Signing Officer or Director

_____ Date