

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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SECRETARY OF STATE
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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 735325 (3)

1. Corporation Name
THE RECONSTRUCTIONIST SYNAGOGUE, INC.

Principal Place of Business Mailing Address

11301 WEST BROWARD BLVD PLANTATION FL 33325 11301 WEST BROWARD BLVD PLANTATION FL 33325

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 25 County 29 Zip 30 County

3. Date Incorporated or Qualified 03/18/1976 3a. Date of Last Report 02/01/1994

4. FEI Number 59-1689889 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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under s. 199.042, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

KLISTON, TODD W., CPA
8211 W. BROWARD BLVD., #200
PLANTATION FL 33324

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995	
TITLE	P	1.1 TITLE	P Donna Berger, President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARKS, STEWART	1.2 NAME	16141 Blatt Blvd # 406
STREET ADDRESS	7460 N W 39 ST	1.3 STREET ADDRESS	Ft. Lauderdale, FL 33326
CITY, ST, ZIP	LAUDERHILL FL 33319	1.4 CITY, ST, ZIP	
TITLE	VP	2.1 TITLE	VP Ellen Turko, Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TETUNIC, FRAN	2.2 NAME	7400 NW 10 Ct.
STREET ADDRESS	8248 N W 9 CT.	2.3 STREET ADDRESS	Plantation, FL 33313
CITY, ST, ZIP	PLANTATION FL 33322	2.4 CITY, ST, ZIP	
TITLE	S	3.1 TITLE	0 DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLOVIN, JEFF	3.2 NAME	MARLENE KUNEN
STREET ADDRESS	14101 OAK RIDGE	3.3 STREET ADDRESS	11230 SW 9 ST.
CITY, ST, ZIP	FT LAUDERDALE FL 33325	3.4 CITY, ST, ZIP	Plantation FL 33325
TITLE	T	4.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAINE, JEFF	4.2 NAME	Barbara Goodman, Treasurer
STREET ADDRESS	8230 N W 51 ST	4.3 STREET ADDRESS	301 Holly Lane
CITY, ST, ZIP	LAUDERHILL FL 33351	4.4 CITY, ST, ZIP	Plantation, FL 33317
TITLE	PS	5.1 TITLE	PS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHMOND, MIKE	5.2 NAME	Hillary Tescher, Financial Secy
STREET ADDRESS	1681 N W 82 AVE	5.3 STREET ADDRESS	755 NW 101 Terr
CITY, ST, ZIP	PLANTATION FL 33322	5.4 CITY, ST, ZIP	Plantation, FL 33324
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not violate the exemption subject in Section 119.07(2)(b), 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 the 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: Jeffrey Golovin April 27, 1995 (305) 424-1252

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER DIRECTOR