

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **735325** (3)

1. Corporation Name
THE RECONSTRUCTIONIST SYNAGOGUE, INC.



Principal Place of Business: **11301 WEST BROWARD BLVD PLANTATION FL 33325**
Mailing Address: **11301 WEST BROWARD BLVD PLANTATION FL 33325**

3. Date Incorporated or Qualified: **03/18/1976**
3a. Date of Last Report: **07/17/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)
4. FEI Number: **59-1689889**
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
**KLISTON, TODD W., CPA
8211 W. BROWARD BLVD., #200
PLANTATION FL 33324**
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERGER, DONNA	12 NAME	
STREET ADDRESS	16141 BLATT BLVD. # 406	13 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33326	14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VP D <input checked="" type="checkbox"/> DELETE	21 TITLE	
NAME	TURKO, ELLEN	22 NAME	
STREET ADDRESS	7400 NW 10 CT.	23 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33313	24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D <input checked="" type="checkbox"/> DELETE	31 TITLE	Recording Secretary D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARLEEN, KELVIN	32 NAME	Joseph Paul
STREET ADDRESS	1230 SW 1ST DGE	33 STREET ADDRESS	13120 NW 11 DR.
CITY-ST-ZIP	PLANTATION FL 33325	34 CITY-ST-ZIP	SUNRISE, FL 33323
TITLE	TD <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODMAN, BARBARA	42 NAME	
STREET ADDRESS	301 HOLLY LANE	43 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33317	44 CITY-ST-ZIP	100001771040 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	FSD <input type="checkbox"/> DELETE	51 TITLE	-04/08/96--01023--020
NAME	HILLARY, TESCHER	52 NAME	***61.25
STREET ADDRESS	755 NW 101 TERR	53 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33324	54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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: Barbara B. Goodman **Treasurer** 1/19/96 (954) 581-8394
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)