## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 03 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

STREET ADDRESS

735325

(3)

## THE RECONSTRUCTIONIST SYNAGOGUE, INC.

Principal Place	e of Business	Mailing Address						F (4 DI)	0101 <b>0</b> 100 800 8	HEDI OFFICE LIBER DI		<b>1811 83831 1881</b>
11301 WEST BI PLANTATION FI			11301 WEST BROWARD BLVD PLANTATION FL 33325-2521									
							\$	Date Incorpora 03/18/19		ed 3a. D	ate of Last R 04/06/19	
	lace of Business	<del> </del> 1	2a. Mailing Address				- 4	4. FEI Number 59-1689889				oplied For
Suite, Apt.	# etc	····	Suite, Apt. #, etc.					33 1003003				ot Applicable Additional
22	n, 010.	<del> </del>	27				6	<ul> <li>Certificate of St</li> </ul>	atus Desired			Additional equired
City & State	9		City & State				- E	. Election Campa	aign Financing		\$5.00	<del></del>
23		28						Trust Fund Con	-			to Fees
Zip	Country	<del> </del>	Zip Cou				8. This corporation has lia					. 199.032,
24	25 9. Name and Address of Curr	29	d Agent	30				Florida Statutes			No.	
· · · · · · · · · · · · · · · · · · ·	5. Harric and Address of Cult	aur nafisiere	A Agent	10. Name and Address of Ne					New OL Men	negistered	Agent	
KHSTON	N, TODD W., CPA									·····		···
	BROWARD BLVD., #200				62	Street /	Address i	P.O. Box Number	r is Not Accep	otable)		
	TION FL 33324				63		<del></del>					<del></del>
					84	City					85 Zip	Code
11 Purcusati	to the provisions of Continue 617.0	E02 and £17 1	CO Florido Ctatus	on the al						<u> </u>		
office or n	to the provisions of Sections 617.0 egistered agent, or both, in the Sta m familiar with, and accept the obl	ite of Florida. S igations of, Sec	uch change was ction 617.0503. Fi	es, me at authorize orida Stat	d by tutes	the corp	poration's	board of director	atement for tr s. I hereby ac	cept the app	r changing it xintment as	s registered registered
SIGNATURE												
. 12.	Signature typed or printed name of registered a	····			d Ager	nt signature	e required wh	en reinstating)	NOTO TO OF	DATE		
TITLE	PD OFFICERS A	ND DIRECTOR	DELETE	13. 1.1 Ti	TI E	····· 1	D.	ADDITIONS/CHA	ANGES TO OF	FICERS ANI	Change	Addition
NAME	BERGER, DONNA		12 N				PD	BA AND	2/2 m/2		Li Citaliye	L.J Audition
STREET ADDRESS	16141 BLATT BLVD. # 406					ADDRESS		SOME		JAY		
CITY-ST-ZIP	FT 14110500115 51 00000							3 TON,		33306		
TITLE	·17-7-     -1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		DELETE	2.1 TITLE			SD	····		***************************************	Change	Addition
NAME	JOSEPH, PAUL		22		22 NAME SP		SPAT	Z, JUDIT	H .			
STREET ADDRESS	13120 NW 11 DR				2.3 STREET ADDRES		1318	5 SW Z	8 Court	-		
CITY-ST-ZIP	SUNRISE FL 33323				2.4 CITY-S		Dav	ie, FL 3	33330		_	
TITLE	FSD DELETE		3.1 T)	3.1 TITLE		FSD				Change	Addition	
NAME	TESCHER, HILLARY			3.2 N/	3.2 NAME		HAE	ROFF, BE	RNAR	D		
STREET ADDRESS	755 NW 101 TERR		3.3 ST	3.3 STREET ADDRESS		920	MM , 15	AUE	NUE			
CITY - ST - ZIP			3.4. C	3.4. CITY-ST-ZIP		PLAN	STATION,	12 3	3325			
TITLE	TD		☐ DELETE	41 TI	TLE						Change	Addition
NAME	GOODMAN, BARBARA			4.2 N	AME					•		
STREET ADDRESS	301 HOLLY LANE					ADDRESS						
CITY-ST-ZIP	PLANTATION FL 33317		T Devete	4.4 CI		r-ZIP		······································				
TITLE			DELETE	51 TI							☐ Change	Addition
NAME	•			5.2 N/			}	*				
STREET ADDRESS						ADDRESS						
CITY-ST-ZIP TITLE			DELETE	5.4 Cf		- <b>2</b> IP			<del></del>	<del></del>	Channe	1339:
NAME			☐ beent	6.1 T/ 6.2 N/							Change	Addition
1974VI).				■ 0 2 N/2	MIT.		ı					

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:

SIGNATURE:

Description of the corporation of 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.

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Description of the corporation of 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.

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6.3 STREET ADDRESS