

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

**FILED**

**Feb 03 1997 8:00am  
Secretary of State**

**NONPROFIT CORPORATION  
ANNUAL REPORT  
1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
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 33325-2521**

3. Date Incorporated or Qualified: **03/18/1976**  
3a. Date of Last Report: **04/06/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-1689889		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28					
Zip	Country	Zip	Country				
24	25	29	30				

**9. Name and Address of Current Registered Agent**

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

**10. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BERGER, DONNA	
STREET ADDRESS	16141 BLATT BLVD. #406	
CITY-ST-ZIP	FT. LAUDERDALE FL 33326	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	JOSEPH, PAUL	
STREET ADDRESS	13120 NW 11 DR	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE	FSD	<input checked="" type="checkbox"/> DELETE
NAME	TESCHER, HILLARY	
STREET ADDRESS	755 NW 101 TERR	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GOODMAN, BARBARA	
STREET ADDRESS	301 HOLLY LANE	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DONNA BERGER	
1.3 STREET ADDRESS	300 SOMERSET WAY	
1.4 CITY-ST-ZIP	WESTON, FL. 33386	
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SPATZ, JUDITH	
2.3 STREET ADDRESS	13185 SW 28 Court	
2.4 CITY-ST-ZIP	DAVIE, FL 33330	
3.1 TITLE	FSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HAEROFF, BERNARD	
3.3 STREET ADDRESS	920 NW 121 AVENUE	
3.4 CITY-ST-ZIP	PLANTATION, FL 33325	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: *Donna Berger* **PRESIDENT** *BERGER* **BERGER** 1/16/97 954-472-3600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0037273

CR2E037 (9/96)