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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 735325

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
03/18/1976

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. - FEI Number
59-1689889

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name Gerald Holstein CPA
82 Street Address (P.O. Box Number is Not Acceptable)
83 8320 W. Sunrise Blvd
Suite 108
84 City Plantation FL 85 Zip Code 33322

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 Gerald Holstein, CPA

11/15/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BERGER, DONNA	
STREET ADDRESS	200 SOMERSET WAY	
CITY-ST-ZIP	WESTON FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SPATZ, JUDITH	
STREET ADDRESS	13185 S.W. 28 COURT	
CITY-ST-ZIP	DAVIE FL	
TITLE	FSD	<input type="checkbox"/> DELETE
NAME	MAEROFF, BERNARD	
STREET ADDRESS	920 NW. 121 AVE.	
CITY-ST-ZIP	PLANTATION FL 33325	
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		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SPATZ, JUDITH	
1.3 STREET ADDRESS	13185 SW 28 Street	
1.4 CITY-ST-ZIP	DAVIE, FL 33330	
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ROCHELLE FEINBERG	
2.3 STREET ADDRESS	690 SW 56 Terrace	
2.4 CITY-ST-ZIP	Plantation, FL 33317	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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 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, with all other like empowered.

SIGNATURE: Judith Spatz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JUDITH SPATZ
PRESIDENT
11/15/99
Date
954-472-3600
Daytime Phone #

CR2E037 (11/98)