


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90050 039 ****61.25

DOCUMENT # 735325					
1. Entity 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		50004762	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01032005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-1689889	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CATALFUMO, JAN EXECD 11301 WEST BROWARD BOULEVARD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name <u>Seth Rosenweig</u> Street Address (P.O. Box Number is Not Acceptable) <u>11301 W. Broward Blvd</u> City <u>Plantation</u> FL Zip Code <u>33325</u>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Seth D. Rosenweig</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>Jan. 13, 2005</u>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BERGER, DONNA 200 SOMERSET WAY WESTON, FL 33326 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Allyn Kanawsky 730 NW 123 Drive Cord Springs, FL 33071 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FRIESER, PAUL 1961 SW 70 AVE PLANTATION, FL 33317 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Hillary Tescher 755 NW 101 Terrace Plantation, FL 33324 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FSD MAYER, CRAIG 561 NW 110 AVE PLANTATION, FL 33324 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FSD Ron Rubens 1363 NW 131 Avenue Plantation, FL 33323 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARIUTTO, MARY 10931 NW 6 CT PLANTATION, FL 33324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered					
SIGNATURE: <u>[Signature]</u>		Date: <u>1-13-05</u>		Daytime Phone #: <u>954-472-3600</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					