


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 03, 2006 8:00 am**  
**Secretary of State**

02-03-2006 90006 010 \*\*\*\*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



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

01052006 Chg-NP CR2E037 (11/05)

6. Name and Address of Current Registered Agent  
 ROSENZWEIG, SETH  
 11301 WEST BROWARD BOULEVARD  
 PLANTATION, FL 33325

4. FEI Number  
 59-1689889

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent  
 Name Kanowsky, Allyn  
 Street Address (P.O. Box Number is Not Acceptable)  
11301 West Broward Blvd  
R  
 City Plantation FL Zip Code 33325

8. This 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 [Signature] DATE 1-17-06

Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KANOWSKY, ALLYN 730 NW 122 DRIVE CORAL SPRINGS, FL 33071 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TESCHER, HILLARY 755 NW 101 TERRACE PLANTATION, FL 33324 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FSD RUBENS, RON 1363 NW 121 AVENUE PLANTATION, FL 33323 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARIOTTO, MARY 10931 NW 6 CT PLANTATION, FL 33324 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <u>Grans, Gary</u> 4021 Crossbill Lane Weston, FL 33331 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FSD <u>Freund, William</u> 10301 NW 7 Street Plantation, FL 33324 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <u>Chosed, Roberta</u> 2000 S. Ocean Drive #607 Fl. Lauderdale, FL 33316 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: [Signature] DATE 1-17-06

SIGNATURE OF OFFICER OR DIRECTOR Date Daytime Phone #