

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735325

FILED
Feb 16, 2007
Secretary of State

Entity Name: THE RECONSTRUCTIONIST SYNAGOGUE, INC.

Current Principal Place of Business:

11301 WEST BROWARD BLVD
PLANTATION, FL 33325

New Principal Place of Business:

Current Mailing Address:

11301 WEST BROWARD BLVD
PLANTATION, FL 33325

New Mailing Address:

FEI Number: 59-1689889

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSENZWEIG, SETH
11301 WEST BROWARD BOULEVARD
PLANTATION, FL 33325 US

Name and Address of New Registered Agent:

HAIN, ALISON
11301 WEST BROWARD BOULEVARD
PLANTATION, FL 33325 US

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.

SIGNATURE: ALISON HAIN

02/16/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KANOWSKY, ALLYN
Address: 730 NW 122 DRIVE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: TD () Delete
Name: TESCHER, HILLARY
Address: 755 NW 101 TERRACE
City-St-Zip: PLANTATION, FL 33324

Title: FSD () Delete
Name: RUBENS, RON
Address: 1363 NW 121 AVENUE
City-St-Zip: PLANTATION, FL 33323

Title: SD () Delete
Name: MARIUTTO, MARY
Address: 10931 NW 6 CT
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: BRANSE, GARY
Address: 4021 CROSSBILL LANE
City-St-Zip: WESTON, FL 33331

Title: FSD (X) Change () Addition
Name: FREUND, WILLIAM
Address: 10301 NW 7TH ST
City-St-Zip: PLANTATION, FL 33324

Title: SD (X) Change () Addition
Name: CHOSED, ROBERTA
Address: 2000 SOUTH OCEAN DRIVE #607
City-St-Zip: FT.LAUDERDALE, FL 33316

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALISON HAIN

ADMN

02/16/2007

Electronic Signature of Signing Officer or Director

Date