

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735325

FILED  
Jan 14, 2009  
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:**

FREDENBERG, NANCY  
11301 WEST BROWARD BOULEVARD  
PLANTATION, FL 33325    US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD-E      ( ) Delete  
Name: GOLDMAN, LESLIE  
Address: 3272 HUNTINGTON  
City-St-Zip: WESTON, FL 33332

Title: TD-E      ( ) Delete  
Name: SHANKMAN, GAIL  
Address: 1101 NW 105 WAY  
City-St-Zip: PLANTATION, FL 33332

Title: FSD      ( ) Delete  
Name: MAYER, CRAIG  
Address: 2402 SW 132 WAY  
City-St-Zip: DAVIE, FL 33325

Title: SD-E      ( ) Delete  
Name: MOORE, TERRI  
Address: 720 HERITAGE WAY  
City-St-Zip: WESTON, FL 33326

Title: TD      (X) Delete  
Name: SCHIFF, BRENDA  
Address: 3205 HUNTER ROAD  
City-St-Zip: WESTON, FL 33331

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: GAIL SHANKMAN

TR

01/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date