

**2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 735325

**FILED**  
**Apr 28, 2011**  
**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:**

WYMAN, 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  
Name: SCHACHNER, BRETТА  
Address: 521 N FEDERAL HWY  
City-St-Zip: HOLLYWOOD, FL 33020

Title: TD-E  
Name: HOLSTEIN, GERALD K  
Address: 8320 W SUNRISE BLVD, SUITE 203  
City-St-Zip: PLANTATION, FL 33322

Title: FSD  
Name: SANDLER, KENNETH B  
Address: 111 N PINE ISLAND RD, SUITE 207 B  
City-St-Zip: PLANTATION, FL 33317

Title: SD-E  
Name: SANDS, MICHAEL  
Address: 11301 W BROWARD BLVD  
City-St-Zip: PLANTATION, FL 33325

I hereby 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 all other like empowered.

SIGNATURE: BRETТА SCHACHNER

PRES

04/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date