

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007784

FILED  
Mar 18, 2007  
Secretary of State

Entity Name: THE NEW JEWISH CONGREGATION, INC.

**Current Principal Place of Business:**

P.O. BOX 487  
THE VILLAGES, FL 32158 US

**New Principal Place of Business:**

13563 COUNTY ROAD 101  
OXFORD, FL 344842430 US

**Current Mailing Address:**

P.O. BOX 487  
THE VILLAGES, FL 32158 US

**New Mailing Address:**

13563 COUNTY ROAD 101  
OXFORD, FL 344842430 US

FEI Number: 59-3710086

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TRUSKIN, SAUL  
1828 AUGUSTINE DRIVE  
THE VILLAGES, FL 32162 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 ( ) Delete  
Name: TRUSKIN, SAUL  
Address: 1828 AUGUSTINE DR  
City-St-Zip: LADY LAKE, FL 32162 US

Title: 1VD ( ) Delete  
Name: COEN, RICHARD  
Address: 1960 ARDMORE WAY  
City-St-Zip: THE VILLAGES, FL 32162 US

Title: 2VD ( ) Delete  
Name: JASPER, MARVIN  
Address: 746 HERNANDEZ DRIVE  
City-St-Zip: THE VILLAGES, FL 32159 US

Title: TRES ( ) Delete  
Name: COHEN, GARY  
Address: 1989 DURHAM LANE  
City-St-Zip: THE VILLAGES, FL 32162 US

Title: SD ( ) Delete  
Name: NUTKIN, SANDY  
Address: 6920 NW 54TH LOOP  
City-St-Zip: OCALA, FL 34482 US

**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 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: GARY COHEN

TRES

03/18/2007

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

\_\_\_\_\_  
Date