

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90205 039 ****61.25

0054910

DOCUMENT # NO2000007784

1. Entity Name

THE NEW JEWISH CONGREGATION, INC.



Principal Place of Business

P.O. BOX 487
THE VILLAGES FL 32158

Mailing Address

P.O. BOX 487
THE VILLAGES FL 32158

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRANK, MERLENE
1309 IBERIA CT
THE VILLAGES FL 32158

7. Name and Address of New Registered Agent

Name: **GARSON, AUBREY**
Street Address (P.O. Box Number is Not Acceptable)
1825 NAPLES PL
City **THE VILLAGES** FL Zip Code **32158**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **AUBREY GARSON - PRES**

(NOTE: Registered Agent signature required when reinstating)

DATE

4.9.03

FILE NOW: FEE IS \$61.25

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	PD	<input checked="" type="checkbox"/> Delete
NAME	FRANK, MERLENE	
STREET ADDRESS	1309 IBERIA CT	
CITY-ST-ZIP	THE VILLAGES FL 32158	
TITLE	1VD	<input checked="" type="checkbox"/> Delete
NAME	SKUROW, SHELDON	
STREET ADDRESS	1428 CARRILLO ST	
CITY-ST-ZIP	THE VILLAGES FL 32158	
TITLE	2VD	<input checked="" type="checkbox"/> Delete
NAME	DAVIES, PHIL	
STREET ADDRESS	5149 CR2	
CITY-ST-ZIP	OXFORD FL 34484	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GARSON, AUDREY	
STREET ADDRESS	1825 NAPLES PL	
CITY-ST-ZIP	THE VILLAGES FL 32158	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GROBMAN, RITA	
STREET ADDRESS	1303 IBERIA CT	
CITY-ST-ZIP	THE VILLAGES FL 32158	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRUSKIN, SAUL	
STREET ADDRESS	1828 AUGUSTINE DR	
CITY-ST-ZIP	THE VILLAGES FL 32159	
TITLE	1VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSENBLATT, SY	
STREET ADDRESS	1205 SAN JUAN DR	
CITY-ST-ZIP	THE VILLAGES FL 32159	
TITLE	2VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARGULIS, ERY	
STREET ADDRESS	1415 SEGOVIA PL	
CITY-ST-ZIP	THE VILLAGES FL 32162	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARSON, AUBREY	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SAUL TRUSKIN - PRES

Saul Truskin 4/9/03

352-259-3109

CR2E037 (10/02)