


FILED
Apr 04, 2006 8:00 am
Secretary of State

03-10-2006 90006 033 ****61.25

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000010574			
1. Entity Name REFORM SYNAGOGUE DEVELOPMENT PROFESSIONALS, INC.			
Principal Place of Business 11060 NW 24TH STREET CORAL SPRINGS, FL 33065 US		Mailing Address 17860 WINDFLOWER WAY #1801 DALLAS, TX 75252 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RONALD L. SIEGEL, P.A. 1800 NW CORPORATE BOULEVARD SUITE 302 BOCA RATON, FL 33431		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to, Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GOODMAN, PATRICIA 17860 WINDFLOWER WAY, #1801 DALLAS, TX 75252 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ZINN, HELENE M 110 EDWARD AVENUE SAN RAFAEL, CA 94903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KASSOY, DEBORAH S 419 DELORAINA AVENUE TORONTO, ONTARIO, ON M5M 3B1 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT FELD, MITCHELL B 11060 NW 24TH STREET CORAL SPRINGS, FL 33065 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MAXINE D. LOWY 5 King Canute Ct OWINGS MILLS, MD 21117 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWDIESHELL, ALLISON B 4584 ANDERSON ROAD SOUTH EUCLID, OH 44121 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Patricia Goodman</i> PATRICIA GOODMAN		Date: 2-16-06 Daytime Phone #: 214-706-0000	

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4. FEI Number: 43-2090246 Applied For: Not Applicable:

5. Certificate of Status Desired: \$8.75 Additional Fee Required