

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010574

FILED
Apr 17, 2007
Secretary of State

Entity Name: REFORM SYNAGOGUE DEVELOPMENT PROFESSIONALS, INC.

Current Principal Place of Business:

11060 NW 24TH STREET
CORAL SPRINGS, FL 33065 US

New Principal Place of Business:

Current Mailing Address:

17860 WINDFLOWER WAY
#1801
DALLAS, TX 75252 US

New Mailing Address:

FEI Number: 43-2090246 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RONALD L. SIEGEL, P.A.
1800 NW CORPORATE BOULEVARD
SUITE 302
BOCA RATON, FL 33431 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: DP () Delete
Name: GOODMAN, PATRICIA
Address: 17860 WINDFLOWER WAY, #1801
City-St-Zip: DALLAS, TX 75252 US

Title: DVP () Delete
Name: ZINN, HELENE M
Address: 110 EDWARD AVENUE
City-St-Zip: SAN RAFAEL, CA 94903 US

Title: DS () Delete
Name: KASSOY, DEBORAH S
Address: 419 DELORAINE AVENUE
City-St-Zip: TORONTO, ONTARIO, ON M5M 3B1 CA

Title: DT () Delete
Name: LOWY, MAXINE D
Address: 5 KING CANULE CT
City-St-Zip: OWINGS MILLS, MD 21117 US

Title: D () Delete
Name: HOWDIESHELL, ALLISON B
Address: 4584 ANDERSON ROAD
City-St-Zip: SOUTH EUCLID, OH 44121 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DS (X) Change () Addition
Name: BLITZ, JANN T
Address: 3749 RIVER OAKS LANE
City-St-Zip: BIRMINGHAM, AL 35223 US

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: MAXINE D. LOWY

DT

04/17/2007

Electronic Signature of Signing Officer or Director

_____ Date