

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007409

FILED
Feb 15, 2009
Secretary of State

Entity Name: CONGREGATION KAVOD LA'OLAM, INC.

Current Principal Place of Business:

805 LAGOON DRIVE
PENSACOLA, FL 32505

New Principal Place of Business:

Current Mailing Address:

805 LAGOON DRIVE
PENSACOLA, FL 32505

New Mailing Address:

FEI Number: 20-5215149 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POTTS, FLORENCE M MS.
805 LAGOON DRIVE
PENSACOLA, FL 32505 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: PRES () Delete
Name: WATSON, GREGORY
Address: 900 LAGOON DRIVE
City-St-Zip: PENSACOLA, FL 32505

Title: VP () Delete
Name: FINCK, PERRY
Address: 3285 KINARD
City-St-Zip: PENSACOLA, FL 32507

Title: TREA () Delete
Name: POTTS, FLORENCE M
Address: 805 LAGOON DRIVE
City-St-Zip: PENSACOLA, FL 32505

Title: SECR () Delete
Name: ZOSS, SUZANNE K DR.
Address: 1115 WATSON AVENUE
City-St-Zip: PENSACOLA, FL 32503

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:

I hereby certify that the information supplied with this filing does not qualify 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: SUZANNE K. ZOSS

DR.

02/15/2009

Electronic Signature of Signing Officer or Director

_____ Date