


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 21, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N99000000363</b> 1. Entity Name <b>VILLAGE REFORM CONGREGATION, INC.</b>	
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Principal Place of Business <b>13400 SW 10TH ST. PEMBROKE PINES FL 33027</b>	Mailing Address <b>13400 SW 10TH ST. PEMBROKE PINES FL 33027</b>
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1st MOORE CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>65-0893990</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>
<b>RAILEANU, JORDAN D 550 S.W. 137TH AVE., STEL-401 PEMBROKE PINES FL 33027</b>

<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City <span style="float: right;"><b>FL</b> Zip Code</span>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

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 NAME	MR LEVIN, MERWYN PRES <input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP	12601 SW 13TH STREET PEMBROKE PINES FL 33027
TITLE NAME	MS LERNER, GERTRUDE L TREAS <input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP	13475 SW 9TH STREET PEMBROKE PINES FL 33027
TITLE NAME	MS WILLNER, LIBBY V.P. <input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP	701 SW 142ND AVE S212 PEMBROOKE PINES FL 33027
TITLE NAME	MR FRIEDMAN, ALBERT V..P. <input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP	1200 SW 125 AVE PEMBROKE PINES FL 33027
TITLE NAME	MR MARMELSTEIN, SAUL V.P. <input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP	13700 SW 14TH STREET. PEMBROKE PINES FL 33027
TITLE NAME	MS LERNER, GERTRUDE L TREAS <input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP	13475 SW 9TH STREET PEMBROKE PINES FL 33027

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY - ST - ZIP	

U00000238255  
02/21/05-80092-002 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Gertrude Lerner GERTRUDE LERNER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/05 (954) 437-7969  
Date Daytime Phone #