


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N99000000363**

1. Entity Name  
**VILLAGE REFORM CONGREGATION, INC.**



Principal Place of Business  
**13400 SW 10TH ST.  
 PEMBROKE PINES, FL 33027**

Mailing Address  
**13400 SW 10TH ST.  
 PEMBROKE PINES, FL 33027**

**DO NOT WRITE IN THIS SPACE**



07142006 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**65-0893990**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**RAILEANU, JORDAN D  
 550 S.W. 137TH AVE.,STE.L-401  
 PEMBROKE PINES, FL 33027**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U00000572213  
 07/25/06-80020-004 61.25

10. OFFICERS AND DIRECTORS

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

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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:** \_\_\_\_\_ **7-21-06** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #