

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 07, 2007 8:00 am**  
**Secretary of State**

02-07-2007 90034 009 \*\*\*\*61.25

**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**

40010310



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01212007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**65-0893990**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
 Due by May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME  Delete  
**MR LEVIN, MERWYN PRES**  
 STREET ADDRESS **12601 SW 13TH STREET**  
 CITY-ST-ZIP **PEMBROKE PINES, FL 33027**

TITLE NAME  Change  Addition  
**MS. ELAINE RAILEANU**  
 STREET ADDRESS **550 SW 137TH AV**  
 CITY-ST-ZIP **PEMBROKE PINES FL 33027**

TITLE NAME  Delete  
**MS LERNER, GERTRUDE L TREAS**  
 STREET ADDRESS **13475 SW 9TH STREET**  
 CITY-ST-ZIP **PEMBROKE PINES, FL 33027**

TITLE NAME  Change  Addition

TITLE NAME  Delete  
**MS WILLNER, LIBBY V.P.**  
 STREET ADDRESS **701 SW 142ND AVE S212**  
 CITY-ST-ZIP **PEMBROOKE PINES, FL 33027**

TITLE NAME  Change  Addition

TITLE NAME  Delete  
**MR FRIEDMAN, ALBERT V..P.**  
 STREET ADDRESS **1200 SW 125 AVE**  
 CITY-ST-ZIP **PEMBROKE PINES, FL 33027**

TITLE NAME  Change  Addition

TITLE NAME  Delete  
**MR MARMELSTEIN, SAUL V.P.**  
 STREET ADDRESS **13700 SW 14TH STREET.**  
 CITY-ST-ZIP **PEMBROKE PINES, FL 33027**

TITLE NAME  Change  Addition

TITLE NAME  Delete  
**MS LERNER, GERTRUDE L TREAS**  
 STREET ADDRESS **13475 SW 9TH STREET**  
 CITY-ST-ZIP **PEMBROKE PINES, FL 33027**

TITLE NAME  Change  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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**GERTRUDE LERNER**

Date

**1/30/07**

Daytime Phone #

**(954) 437-7969**