2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 03, 2008 8:00 am Secretary of State

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DOCUMENT # N9900000363 1. Entity Name VILLAGE REFORM CONGREGATION, INC.						90037 050 ****61.25
Principel Place of Business 13400 SW 10TH ST. PEMBROKE PINES, FL 33027 PEMBROKE PINES, FL 33027 PEMBROKE PINES, FL 33027			66001	avin adia 75 ili	FF# 6517 8837 8 (UB 887 8 150 8 7 7 8	
DO NOT WRITE IN THIS SPA			CE	01072008 No Chg-NP		
6. Name and Address of Current Registered Agent RAILEANU, JORDAN D 550 S.W. 137TH AVE., STE.L-401 PEMBROKE PINES, FL 33027					OT-WI	
8. The above paned 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 vithe obligations of registered agent. SIGNATURE S						1/08
Due by May 1, 2008 Trust Fund Contribution.				00 May Be od to Fees		
10. ITTLE RAME SIRET ADDRESS CITY-S1-ZP ITTLE RAME STREET ADDRESS CITY-S1-ZP ITTLE RAME RAME STREET ADDRESS CITY-S1-ZP ITTLE RAME RAME RAME RAME RAME RAME RAME RAM	MR LEVIN, MERWYN PRES 12601 SW 13TH STREET PEMBROKE PINES, FL 33027 MS LERNER, GERTRUDE L TREAS 13475 SW 9TH STREET PEMBROKE PINES, FL 33027 TS RAILEANU, ELAINE 550 SW 137TH AVE PEMBROKE PINES, FL 33027 MR FRIEDMAN, ALBERT VP. 1200 SW 125 AVE PEMBROKE PINES, FL 33027 MR MARMELSTEIN, SAUL V.P. 13700 SW 14TH STREET. PEMBROKE PINES, FL 33027	HECTORS			IOT WI HIS SPA	
STREET ADDRESS						}

12. I hereby certify that the information supplied with this filing does not quality 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 cath; 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.

OLONIATURE: M

CHY-ST-ZIP

EMPATURE AND TYPED OR PRINTED MANE OF SIGNING OF FICER OR DIRECTOR

2/24/08 954-435-3344 Degree Prove 2