

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 717077

**Entity Name:** CONGREGATION OF REFORM JUDAISM, INC.**Current Principal Place of Business:**928 MALONE DR  
ORLANDO, FL 32810**Current Mailing Address:**928 MALONE DR  
ORLANDO, FL 32810**FEI Number:** 59-0882965**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KANCHER, MICHAEL  
928 MALONE DR  
ORLANDO, FL 32810 US*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:** MICHAEL KANCHER

02/28/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title S  
Name ZASLOFSKY, BARBARA  
Address 1832 CHERRY RIDGE DRIVE  
City-State-Zip: LAKE MARY FL 32746

Title VP  
Name ROBINSON, IAN  
Address 2521 TUSCALOOSA TRAIL  
City-State-Zip: WINTER PARK FL 32789

Title D  
Name MCKENNA, SUSAN  
Address 1621 HILLCREST AVENUE  
City-State-Zip: WINTER PARK FL 32789

Title P  
Name LEVITT, MARK  
Address 1673 GLEN EAGLES WAY  
City-State-Zip: ORLANDO FL 32804

Title VP  
Name SCHWAM WILCOX, CAMY  
Address 1173 WOODLAND TERRACE TRAIL  
City-State-Zip: ALATAMONTE SPRINGS FL 32714

Title VP  
Name ABRAMSON, DONNA  
Address 1880 DEMETREE DRIVE  
City-State-Zip: WINTER PARK FL 32789

Title VP  
Name LIEBLICH, CATHY  
Address 3812 EMERALD ESTATES CIRCLE  
City-State-Zip: APOPKA FL 32703

Title VP  
Name SCHOTT, FRED  
Address 2056 HUTTON POINT  
City-State-Zip: LONGWOOD FL 32779

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE:** MARK LEVITT

P

02/28/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title VP  
Name MURPHY, BEVERLY  
Address 318 KIMI COURT  
City-State-Zip: CASSELBERRY FL 32707

Title VP  
Name BECKER, HELENE  
Address 390 GOLF BROOK CIRCLE APT !00  
City-State-Zip: LONGWOOD FL 32779

Title VP  
Name LEVIN, LISA  
Address 5386 RED LEAF COURT  
City-State-Zip: OVIEDO FL 32765

Title VP  
Name MITCH, BARNETT  
Address 124 COBEL COURT  
City-State-Zip: LONGWOOD FL 32779

Title VP  
Name LEVIE, ALLISON  
Address 1516 ASPENWOOD STREET  
City-State-Zip: WINTER SPRINGS FL 32708