2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717077

Entity Name: CONGREGATION OF REFORM JUDAISM, INC.

FILED Mar 07, 2018 Secretary of State CC3382807939

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 03/07/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title SECRETARY Title PP

NameZASLOFSKY, BARBARANameBLECHMAN, MARKAddress1832 CHERRY RIDGE DRIVEAddressP. O. BOX 149505City-State-Zip:LAKE MARY FL 32746City-State-Zip:ORLANDO FL 32814

Title VP Title PRESIDENT

Name ROBINSON, IAN Name MCKENNA, SUSAN

Address 2521 TUSCALOOSA TRAIL Address 1621 HILLCREST AVENUE
City-State-Zip: WINTER PARK FL 32789 City-State-Zip: WINTER PARK FL 32789

Title VP Title VP

Name LEVITT, MARK Name SCHWAM WILCOX, CANY

Address 1673 GLEN EAGLES WAY Address 1173 WOODLAND TERRACE TRAIL
City-State-Zip: ORLANDO FL 32804 City-State-Zip: ALATAMONTE SPRINGS FL 32714

Title VP Title VF

Name MASTANDO, NICOLE Name LIEBLICH, CATHY

Address 104 TIMBERCOVE CIRCLE Address 3812 EMERALD ESTATES CIRCLE

City-State-Zip: LONGWOOD FL 32779 City-State-Zip: APOPKA FL 32703

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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: SUSAN MCKENNA PRESIDENT 03/07/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title VP Title VP

Name MAROWITZ, ROBERTA Name KNUDSEN, KAREN 951 NIBLICK DRIVE Address 525 OAK TERRACE Address

117 City-State-Zip: CASSELBERRY FL 32707 City-State-Zip: ALTAMONTE FL 32701

Title

VΡ Title Name HAYNES, FRANCINE

Name SCHOTT, FRED 508 WORTHINGTON LANE Address

2056 HUTTON POINT City-State-Zip: WINTER PARK FL 32789 City-State-Zip: LONGWOOD FL 32779

Address