

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 735325

**FILED**  
**May 02, 2016**  
**Secretary of State**  
**CC9427423859**

**Entity Name:** THE RECONSTRUCTIONIST SYNAGOGUE, INC.

**Current Principal Place of Business:**

11301 WEST BROWARD BOULEVARD  
PLANTATION, FL 33325

**Current Mailing Address:**

11301 WEST BROWARD BOULEVARD  
PLANTATION, FL 33325 US

**FEI Number:** 59-1689889

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WYMAN, NANCY  
11301 WEST BROWARD BOULEVARD  
PLANTATION, FL 33325 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MAYER, CRAIG  
Address        2402 SW 132 WAY  
City-State-Zip: DAVIE FL 33325

Title            TREASURER  
Name            SCHIFF, JANET  
Address        9460 PONCIANA PLACE, APT. 406  
City-State-Zip: DAVIE FL 33324

Title            EXECUTIVE DIRECTOR  
Name            GOLDMAN, LESLIE  
Address        11301 WEST BROWARD BOULEVARD  
City-State-Zip: PLANTATION FL 33325

Title            FINANCIAL SECRETARY  
Name            KOPELOWITZ, BRIAN  
Address        200 SW 1ST AVENUE, SUITE 1200  
City-State-Zip: FORT LAUDERDALE FL 33301

Title            SECRETARY  
Name            PINKIERT, ROBERT  
Address        2641 NE 207 ST  
City-State-Zip: AVENTURA FL 33180

*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:** LESLIE GOLDMAN

**EXECUTIVE DIRECTOR**

**05/02/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date