

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000007409

**FILED**  
**Feb 01, 2013**  
**Secretary of State**  
**CC4509469753**

**Entity Name:** CONGREGATION KAVOD LA'OLAM, INC.

**Current Principal Place of Business:**

805 LAGOON DRIVE  
PENSACOLA, FL 32505

**Current Mailing Address:**

805 LAGOON DRIVE  
PENSACOLA, FL 32505

**FEI Number:** 20-5215149

**Certificate of Status Desired:** No

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

POTTS, FLORENCE MMS.  
805 LAGOON DRIVE  
PENSACOLA, FL 32505 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            PRES  
Name            WATSON, GREGORY  
Address        900 LAGOON DRIVE  
City-State-Zip: PENSACOLA FL 32505

Title            VP  
Name            FINCK, PERRY  
Address        3285 KINARD  
City-State-Zip: PENSACOLA FL 32507

Title            TREA  
Name            POTTS, FLORENCE M  
Address        805 LAGOON DRIVE  
City-State-Zip: PENSACOLA FL 32505

Title            SECR  
Name            ZOSS, SUZANNE KDR.  
Address        1115 WATSON AVENUE  
City-State-Zip: PENSACOLA FL 32503

*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:** FLORENCE M. POTTS

**TREASURER**

**02/01/2013**

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

\_\_\_\_\_  
Date