

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003632

Entity Name: CONGREGATION FOR HUMANISTIC JUDAISM, INC.**Current Principal Place of Business:**3023 PROCTOR RD
SARASOTA, FL 34231**Current Mailing Address:**3023 PROCTOR RD
SARASOTA, FL 34231**FEI Number:** 65-0674358**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SACK, BARNET
4903 WATERBRIDGE DOWN
SARASOTA, FL 34235 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 STEIN , RICK
Address 855 PLACID LAKE DR.
City-State-Zip: OSPREY FL 34229

Title TREASURER
Name JOE , NEWMAN
Address 7903 CYPRESS LAKE DR.
City-State-Zip: SARASOTA FL 34243

Title SECRETARY
Name LEVY, KAY
Address 610 SPRING LAKES BLVD.
City-State-Zip: SARASOTA FL 34210

Title VICE PRESIDENT
Name WOLFE, ANNETTE
Address 6128 ABACO DRIVE
City-State-Zip: SARASOTA FL 34238

Title DIRECTOR
Name FRIEDMAN, SUSAN
Address 6534 FLYCATCHER LANE
LAKEWOOD RANCH
City-State-Zip: SARASOTA FL 34202

Title DIRECTOR
Name LEON, JANET
Address 3240 LAKE POINTE BLVD #231
City-State-Zip: SARASOTA FL 34231

Title DIRECTOR
Name RESTREPO, MARGO
Address 7611 TRILLIUM BLVD
City-State-Zip: SARASOTA FL 34231

Title DIRECTOR
Name ALICE , D'SOUZA
Address 4231 OAKHURST CIR. E.
City-State-Zip: SARASOTA FL 34233

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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: RICK STEIN**PRESIDENT****04/26/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SANDY , FISHMAN
Address 3150 LAKE PARK LANE
City-State-Zip: SARASOTA FL 34231

Title DIRECTOR
Name STEPHANIE , LOUIS
Address 3343 LAKE POINTE BLVD.
City-State-Zip: SARASOTA FL 34231