

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000000363

**FILED**  
**Jan 18, 2018**  
**Secretary of State**  
**CC8527754522**

**Entity Name:** VILLAGE REFORM CONGREGATION, INC.

**Current Principal Place of Business:**

13400 SW 10TH ST.  
PEMBROKE PINES, FL 33027

**Current Mailing Address:**

13400 SW 10TH ST.  
PEMBROKE PINES, FL 33027

**FEI Number:** 65-0893990

**Certificate of Status Desired:** No

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

RAILEANU, ELAINE  
550 S.W. 137TH AVE. #-401  
PEMBROKE PINES, FL 33027 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:** ELAINE RAILEANU

01/18/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            LEVIN, MERWYN  
Address        12601 SW 13TH ST  
                  215  
City-State-Zip: PEMBROKE PINES FL 33027

Title            EXEC VP  
Name            MARMELSTEIN, SAUL  
Address        13700 SW 14TH ST  
                  408  
City-State-Zip: PEMBROKE PINES FL 33027

Title            VP  
Name            REINSTEIN, STEPHEN  
Address        13100 SW 11TH COURT  
                  C303 101  
City-State-Zip: PEMBROKE PINES FL 33027

Title            TREASURER  
Name            MOSS, ELAINE L.  
Address        13700 SW 11TH ST  
                  412  
City-State-Zip: PEMBROKE PINES FL 33027

Title            SECRETARY  
Name            HOCHMAN, TINA  
Address        850 SW 138TH AVE  
                  D114  
City-State-Zip: PEMBROKE PINES FL 33027

Title            V.P.  
Name            DOBRINSKY, JESSE  
Address        13183 NW 19TH ST  
City-State-Zip: PEMJBROKE PINES FL 33028

*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:** MERWYN LEVIN

**PRESIDENT**

01/18/2018

Electronic Signature of Signing Officer/Director Detail

Date