FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

DIVISION OF CORPORATIONS
95 FEB 23 PM 3:34

DOCUMENT # 717077 (2)

1. Corporation Name
CONGREGATION OF LIBERAL JUDAISM, INC.

Principal Place of Business	Mailing Address
920 MALONE DR ORLANDO FL 32810	920 MALONE DR ORLANDO FL 32810

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/04/1969
3a. Date of Last Report: 03/30/1994
4. FEI Number: 59-0882965 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

PRAGUE, MARTIN M.
321 BELOIT AVE
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	11 TITLE	P/D	☒ Change ☐ Addition
NAME	UDELL, BRUCE	12 NAME	KAHN, LINDA	
STREET ADDRESS	455 LONGMEADOW LANE	13 STREET ADDRESS	4172 AUGHTON COURT	
CITY-ST-ZIP	LONGWOOD FL	14 CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	PD	21 TITLE	P/D	☒ Change ☐ Addition
NAME	STERN, MARK	22 NAME	CONLEY, ANN	
STREET ADDRESS	2511 LAUDER DRIVE	23 STREET ADDRESS	1454 STRATFORD ROAD	
CITY-ST-ZIP	MAITLAND FL	24 CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	VD	31 TITLE	C/D	☒ Change ☐ Addition
NAME	KAHN, LINDA	32 NAME	WEINER, MAURA	
STREET ADDRESS	820 CHIPLEY COURT	33 STREET ADDRESS	447 BRIARWOOD DR	
CITY-ST-ZIP	WINTER PARK FL	34 CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	SD	41 TITLE	V/D	☒ Change ☐ Addition
NAME	CONLEY ANN	42 NAME	WALK, MITCHELL	
STREET ADDRESS	1454 STRATFORD ROAD	43 STREET ADDRESS	837 SILK OAK TERRACE	
CITY-ST-ZIP	MAITLAND FL	44 CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	TD	51 TITLE	V/D	☒ Change ☐ Addition
NAME	KATZ, CAROL	52 NAME	HALPERIN LAWRENCE	
STREET ADDRESS	2343 CAROLTON RD	53 STREET ADDRESS	408 SPRING VALLE LANE	
CITY-ST-ZIP	MAITLAND FL	54 CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	VD	61 TITLE	S/D	☒ Change ☐ Addition
NAME	GOLD, ROBERT	62 NAME	KATZ, CAROL	
STREET ADDRESS	668 PINE SHADOW COURT	63 STREET ADDRESS	1341 CANAL POINT ROAD	
CITY-ST-ZIP	LONGWOOD FL	64 CITY-ST-ZIP	LONGWOOD FL 32750	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ann F Conley Ann F Conley 1/29/31 (407)8369518
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Linda Kahn Linda Kahn

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