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Jan 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **717077** (2)

1. Corporation Name

CONGREGATION OF LIBERAL JUDAISM, INC.

Principal Place of Business

928 MALONE DR
ORLANDO FL 32810

Mailing Address

928 MALONE DR
ORLANDO FL 32810

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

09/04/1969

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. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☒ DELETE
NAME	BURR, FERN C	
STREET ADDRESS	2030 PALM WAY	
CITY-ST-ZIP	SANFORD FL 32773	

TITLE	VD	☒ DELETE
NAME	BINDELL, JEFF	
STREET ADDRESS	9222 WICKHAM WAY	
CITY-ST-ZIP	ORLANDO FL 32836	

TITLE	CD	☐ DELETE
NAME	WEINER, MAURA	
STREET ADDRESS	447 BRIARWOOD DR	
CITY-ST-ZIP	WINTER PARK FL	

TITLE	VP2	☒ DELETE
NAME	GOLDMAN, MARILYN	
STREET ADDRESS	1670 HURON TR	
CITY-ST-ZIP	MAITLAND FL	

TITLE	VD	☒ DELETE
NAME	HALPERIN, LAWRENCE	
STREET ADDRESS	408 SPRING VALLE LANE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	

TITLE	S	☒ DELETE
NAME	WALK, MITCHELL	
STREET ADDRESS	837 SILK OAK TERR	
CITY-ST-ZIP	LAKE MARY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	Paul Grossman	
1.3 STREET ADDRESS	104 Juniper Lane	
1.4 CITY-ST-ZIP	Longwood, FL 32779	

2.1 TITLE	TD	☒ Change ☐ Addition
2.2 NAME	Jan Ellington	
2.3 STREET ADDRESS	110 Elderberry Lane	
2.4 CITY-ST-ZIP	Longwood, FL 32779	

3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE	VD	☒ Change ☐ Addition
4.2 NAME	Nancy Walk	
4.3 STREET ADDRESS	837 Silk Oak Terrace	
4.4 CITY-ST-ZIP	Lake Mary, FL 32746	

5.1 TITLE	VP2	☒ Change ☐ Addition
5.2 NAME	Arnold Stein	
5.3 STREET ADDRESS	1951 Thunderbird Tr	
5.4 CITY-ST-ZIP	Maitland, FL 32751	

6.1 TITLE	S	☒ Change ☐ Addition
6.2 NAME	Robert Gold	
6.3 STREET ADDRESS	668 Pine Shadow Court	
6.4 CITY-ST-ZIP	Longwood FL 32779	

14. I hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RENEE WALK

1/22/98

(407)645-0444

Date

Daytime Phone # 0016876

CR2E037 (10/97)