2002 UNIFORM BUSINESS REPORT (UBR)

Feb 19, 2002 8:00 am Secretary of State **DOCUMENT # 717077** 1. Entity Name CONGREGATION OF LIBERAL JUDAISM, INC. 02-19-2002 90012 007 ****61.25 Principal Place of Business Mailing Address 928 MALONE DR 928 MALONE DR ORLANDO FL 32810 ORLANDO FL 32810 2. Principal Place of Business 3. Mailing Address Suite Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For 59-0882965 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PRAGUE, MARTIN M Street Address (P.O. Box Number is Not Acceptable) 321 BELOIT AVE WINTER PARK FL 32789 Zip Code 8. 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. nt and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Treasurer - D Wolf, Stephen 1981 Japonica Road TITLE ☐ Delete TITLE ☐ Addition Wolff, Steve NAME NAME 1981 JAPONICA ROAD STREET ADDRESS STREET ADDRESS Winter Park, FL 32792 1st VP = D CITY-ST-ZIP WINTER PARK FL 32792 CITY-ST-ZIP **X** Delete TITLE Change Addition Becker, Gary Brown, Mary NAME 540 Lakeworth Circle 3812 LAKE SARAH DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32804 Heathrow, FL 32746 CITY-ST-ZIP Delete Addition TITLE TITLE ☐ Change maxwell, Michael WALK, NANCY NAME NAME 2 Wooden Shoe Lane STREET ADDRESS 837 SILK OAK TERRACE STREET ADDRESS CITY-ST-ZIP LAKE MARY FL 32746 CITY-ST-ZIP Longwood, FL 32779 VP TITLE **≭**Delete TITLE Addition KOHN, MEL MAXWELL, AVA NAME NAME 1430 Stormway Court 2 WOODEN SHOE LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LONGWOOD FL 32779 Popka, FL 32712 CITY-ST-ZIP President -TITLE ☐ Delete TITLE Change ☐ Addition GOLD, ROBERT Golo, Robert NAME NAME 6689 Pine, Shadow Ct. 6689 PINE SHADOW CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LONGWOOD FL 32779 CITY-ST-ZIP Longwood, FL 32779 Comptroller - D CD Addition 🔀 Delete TITI F ☐ Change YARMOUTH, JEFF Burr, Shep NAME NAME 1525 INDIAN DANCE COURT STREET ADDRESS STREET ADDRESS P.O. BOX 950369 CITY-ST-ZIP MAITLAND FL 32791 CITY-ST-ZIP Mary,

12. 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 report or supplemental 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 sustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with all address with all other like empowered.

HANAIORE

SIGNATURE:

1/16/02 4076450444

FL 32795

FILED