2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717077

FILED Feb 15, 2005 Secretary of State

Entity Name: CONGREGATION OF LIBERAL JUDAISM, INC.

Current Principal Place of Business: New Principal Place of Business: 928 MALONE DR ORLANDO, FL 32810 **Current Mailing Address: New Mailing Address:** 928 MALONE DR ORLANDO, FL 32810 FEI Number: 59-0882965 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KOHN, MELVIN 1430 STORMWAY COURT APOPKA, FL 32712 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition HANDSHUH, ANA HILL, CINDY Name: Name: 1815 DELANEY AVENUE Address: 100 JUNIPER LANE Address: City-St-Zip: ORLANDO, FL 32806 City-St-Zip: LONGWOOD, FL 32779 Title: 1VPD () Delete Title: () Change () Addition Name: HALPERIN, LARRY Name: Address: 408 SPRING VALLEY LANE Address: City-St-Zip: ALTAMONTE SPRINGS, FL 32714 City-St-Zip: Title: () Delete Title: () Change () Addition YARMUTH, JEFF Name: Name: 1525 INDIAN DANCE COURT Address: Address: City-St-Zip: MAITLAND, FL 32751 City-St-Zip: Title: 3VP () Delete Title: () Change () Addition Name: DEHAYES, SUSAN Name: 8028 SHALACE COURT Address: Address: City-St-Zip: ORLANDO, FL 32818 City-St-Zip: Title: () Delete Title: () Change () Addition KOHN, MELVIN Name: Name: 1430 STORMWAY COURT Address: Address: City-St-Zip: APOPKA, FL 32712 City-St-Zip: Title: () Delete Title: () Change () Addition WALK, MITCHELL Name: Name: Address: 837 SILK OAK TERRACE Address: LAKE MARY, FL 32746 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: MEL KOHN MR. 02/15/2005