2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 717077

1. Entity Name



FILED Feb 03, 2003 8:00 am Secretary of State 02-03-2003 90033 031 ****61.25

CONGREGATION OF LIBERAL JUDAISM, INC.							
Principal Place of Business 926 MALONE DR ORLANDO FL 32810		Mailing Address 928 MALONE DR ORLANDO FL 32810			864 82 14 864 1861 8161 8161 8161	818 11 618 12 518 11 (26	11
2 Principal P	llogo of Business	3. Mailing Address					
2. Principal Place of Business		3. Ivialing Address			PRI ANIII (881 IARI AISII BIAIT AIAEI	Offill Alfill Brail (80	.1
Suite, Apt. #, etc.		Suite, Apt. #, etc.		□сн	☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 59- (-0882965 Applied For Not Applicable		_
Zip	Country	Zip	Country	5. Certificate of Statu		75 Additional Required	
	_6. Name and Address of Current	Registered Agent		7. Name and Addres	ss of New Registered Agent		\Box
			Name				
PRAGUE, 321 BELO	, MARTIN M DIT AVE		Street Addr	ress (P.O. Box Number is Not	Acceptable)		
	PARK FL 32789						
			City	 -	FL ^z	ip Code	
	named entity submits this statement for	or the purpose of changing its re	egistered office or re	gistered agent, or both, in the	e State of Florida. I am familia	ar with, and acc	ept
SIGNATURE .	Marten M. Ra Signature, typed or printed name of registered age	Ind title if applicable. (NOTE: F	Registered Agent signature r	equired when reinstating)	1/27/o	3	
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Added to Fees Florida Department of State		
10.	OFFICERS AND D		11.	ADDITIONS/CHANGES	TO OFFICERS AND DIRECT		A141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WOLF, STEPHEN 1981 JAPONICA ROAD WINTER PARK FL 32792	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		U	Change 🗌 Add	dition
TITLE NAME STREET ADDRESS	1VPD BECKER, GARY 540 LAKEWORTH CIRCLE	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change 🗌 Add	dition
TITLE NAME STREET ADDRESS	HEATHROW FL 32746 2VP MAXWELL, MICHAEL 2 WOODEN SHOE LANE	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change Add	dition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	I LONGWOOD FL 32779 3VP KOHN, MEL 14300 STORMWAY COURT APOPKA FL 32712	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change 🗌 Ad	dition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOLD, ROBERT 6689 PINE SHADOW CT LONGWOOD FL 32779	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		_	Change 🔲 Ad	dition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BURR, SHEP P O BOX 950369 LAKE MARY FL 32795	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	comptroller. D mitchell Walk 137 Silk Oak Te ake Mary, FL 3		Change 🔀 Ad	
12 Lherehy	certify that the information supplied with	th this filing does not qualify for t	he exemption stated	in Section 119.07(3)(i), Flori	da Statutes. I further certify the	nat the informati	on

I nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Profida 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 trustee 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 an address with all other like empowered.

SIGNATURE:

1/28/03

4076572323