2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008
Secretary of State

DOCUMENT# 734412

Entity Name: CENTRAL FLORIDA CHEVRA KADESHA, INC.

Current Principal Place of Business:

1144 WOODLAND TERRACE TRAIL.
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

Current Mailing Address:

1144 WOODLAND TERRACE TRAIL
ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SELTZER, ROBERT
1144 WOODLAND TERR. TRL.
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

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:

Title:	PD	( ) Delete
Name:	GOLDBERG, HANK	
Address:	1421 SUNNYSIDE DRIVE	
City-St-Zip:	MAITLAND, FL 32751	
Title:	VPD	( ) Delete
Name:	GUY, ALLAN	
Address:	239 FLAME AVENUE	
City-St-Zip:	MAITLAND, FL 32751	
Title:	SD	( ) Delete
Name:	GLUCK, MELANIE	
Address:	921 LARSON DRIVE	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32714	
Title:	TD	( ) Delete
Name:	ROBERT SELTZER,	
Address:	1144 WOODLAND TERRACE TRAIL	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32714	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ROBERT K SELTZER TD 02/25/2008

Electronic Signature of Signing Officer or Director — Date