

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758976

FILED
Apr 24, 2007
Secretary of State

Entity Name: THE CEMETERY CONGREGATION OHEV SHALOM OF ORLANDO, FLORIDA

Current Principal Place of Business:

5015 GOODARD AVE
ORLANDO, FL 32804

New Principal Place of Business:

Current Mailing Address:

5015 GOODARD AVE
ORLANDO, FL 32804

New Mailing Address:

FEI Number: 59-0874048

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANDY, MICHAEL
5015 GODDARD AVENUE
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

WOLGEL, PHILIP D
5015 GODDARD AVENUE
ORLANDO, FL 32804 US

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: PHILIP D. WOLGEL

04/24/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: SHADER, RONALD
Address: 140 WISTERIA DR
City-St-Zip: LONGWOOD, FL 32779

Title: D () Delete
Name: STERN, SARA
Address: 521 DOMMERICH AVE.
City-St-Zip: MAITLAND, FL 32751

Title: D () Delete
Name: CHASNOV, BURTON
Address: 1859 BEAT CREEK COVE
City-St-Zip: LONGWOOD, FL 32779

Title: D () Delete
Name: BORNSTEIN, JEFFREY
Address: 936 BRIGHTWATER CIRCLE
City-St-Zip: MAITLAND, FL 32751

Title: D () Delete
Name: NEWMAN, STEVEN
Address: 651 LONGMEADOW CIRCLE
City-St-Zip: LONGWOOD, FL 32779

Title: D () Delete
Name: HELLER, RICHARD
Address: 993 KERSFIELD CIRCLE
City-St-Zip: HEATHROW, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: NEWMAN, STEVEN A
Address: 651 LONGMEADOW CIRCLE
City-St-Zip: LONGWOOD, FL 32779

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

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

Title: T (X) Change () Addition
Name: BLOOM, JOEL
Address: 984 BRIGHTWATER CIRCLE
City-St-Zip: MAITLAND, FL 32751

Title: S (X) Change () Addition
Name: REICHEL, NANCY
Address: 907 OAK LEAF COURT
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: PHILIP D. WOLGEL

RA

04/24/2007

Electronic Signature of Signing Officer or Director

Date