## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#758976** 

Address:

City-St-Zip:

2550 VENETIAN WAY

WINTER PARK, FL 32789

FILED Jan 22, 2009 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 5015 GOODARD AVE ORLANDO, FL 32804 **Current Mailing Address: New Mailing Address:** 5015 GOODARD AVE ORLANDO, FL 32804 FEI Number: 59-0874048 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: WOLGEL, PHILIP D 5015 GODDARD AVENUE ORLANDO, FL 32804 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: **PRES** () Delete () Change () Addition STERN, SARA N Name: Name: 521 DOMMERICH AVE. Address: Address: City-St-Zip: MAITLAND, FL 32751 City-St-Zip: Title: EVP () Delete Title: () Change () Addition HELLER, RICHARD A Name: Name: Address: 993 KERSFIELD CIRCLE Address: City-St-Zip: HEATHROW, FL 32746 City-St-Zip: Title: () Delete Title: TRUS (X) Change ( ) Addition CHASNOV, BURTON TRUSTEE COHEN, ESTHER Name: Name: 3627 SUPREME COURT 1859 BEAR CREEK COVE Address: Address: City-St-Zip: APOPKA, FL 32703 City-St-Zip: LONGWOOD, FL 32779 Title: **TRES** ( ) Delete Title: **TRES** (X) Change ( ) Addition Name: COHEN, RICHARD Name: COHEN, RICHARD TREASUR 3627 SUPREME COURT 3627 SUPREME COURT Address: Address: City-St-Zip: APOPKA, FL 32703 City-St-Zip: APOPKA, FL 32703 Title: () Delete Title: (X) Change ( ) Addition REICHEL, NANCY REICHEL, NANCY SECTY Name: Name: 907 OAK LEAF COURT 907 OAK LEAF COURT Address: Address: City-St-Zip: ALTAMONTE SPRINGS, FL 32714 City-St-Zip: ALTAMONTE SPRINGS, FL 32714 Title: () Delete Title: (X) Change ( ) Addition WHITE, SHARON WHITE, SHARON VP Name: Name:

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.

Address:

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2550 VENETIAN WAY

WINTER PARK, FL 32789

SIGNATURE: PHILIP D. WOLGEL EXEC 01/22/2009