

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 762828**

1. Entity Name  
POLK COUNTY REFORM JEWISH CONGREGATION, INC.



Principal Place of Business

1029 BRADBURY RD.  
WINTER HAVEN, FL 33884 US

Mailing Address

P.O BOX 313  
WINTER HAVEN, FL 33882 US



01132008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-2212359

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HEYMAN, JEANNE M  
239 GOLF AIRE BLVD.  
WINTER HAVEN, FL 33884

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	HEYMAN, JEANNE M
STREET ADDRESS	239 HOLFAIRE BLVD
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	P
NAME	MILLER, DAVID
STREET ADDRESS	6777 N INTERSET GARDENS RD
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	S
NAME	CREWS, MERYL
STREET ADDRESS	306 VANIMAN ST
CITY-ST-ZIP	WINTER HAVEN, FL 33888
TITLE	D
NAME	POLLER, BRENDA
STREET ADDRESS	138 JOEWOOD TRAIL
CITY-ST-ZIP	DAVENPORT, FL 33837
TITLE	VP
NAME	KOIKE, JANIS
STREET ADDRESS	272 LAKE LINK DR SE
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	D
NAME	CHAIN, LLOYD
STREET ADDRESS	5904 CHAPS DR
CITY-ST-ZIP	LAKELAND, FL 33813

000000794697  
01/28/08-90018-008 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-22-2008 863-324-6609