


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90031 030 \*\*\*\*61.25

<b>DOCUMENT # 768041</b> 1. Entity Name <b>SOUTHWEST ORLANDO JEWISH CONGREGATION, INC.</b>					
Principal Place of Business 11200 S APOPKA VINELAND RD ORLANDO, FL 32836				Mailing Address 11200 S APOPKA VINELAND RD ORLANDO, FL 32836	
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip                      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip                      Country			
4. FEI Number <b>59-2298201</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>WOLPE, DANIEL M</b> <b>11200 S APOPKA VINELAND ROAD</b> <b>ORLANDO, FL 32836</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COPD BROZANSKI, TED <input type="checkbox"/> Delete 2024 STILLWOOD PL WINDERMERE, FL 34786		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COPD LARRY, COHEN <input checked="" type="checkbox"/> Delete 3318 BELLINGTON DR ORLANDO, FL 32835		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR HARLENE MATZA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 11515 SANDY HILL DR ORLANDO, FL 32821	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RICHARD, WALDOR <input checked="" type="checkbox"/> Delete 14513 BRADDOCK OAK DR ORLANDO, FL 32837		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Richard Schwartz <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 10189 BEADON CIRCLE ORLANDO, FL 32836	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BEN, BOLUSKY <input type="checkbox"/> Delete 3306 KING GEORGE DR. ORLANDO, FL 32835		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SEAGELIN, JUDITH <input type="checkbox"/> Delete 3850 OCITA DR. ORLANDO, FL 32837		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Co-President Seagelin, Judith <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3850 OCITA DR. ORLANDO, FL 32837	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR KURT, KOTZIN <input type="checkbox"/> Delete 6343 ROCKINGTREE LANE ORLANDO, FL 32819		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <i>Harlene B. Matza</i> <b>Harlene B. Matza</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 2-16-06 Daytime Phone #</small>					