2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

03-05-2007 90046 031 ****61.25
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FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 768041

1. Entity Name
SOUTHWEST ORLANDO JEWISH CONGREGATION, INC.

Principal Place of Business	Mailing Address
11200 S APOPKA VINELAND RD ORLANDO, FL 32836	11200 S APOPKA VINELAND RD ORLANDO, FL 32836

02282007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2298201 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~WOLPE, DANIEL M~~ ANKCORD, MARK. 11200 S APOPKA VINELAND ROAD ORLANDO, FL 32836	Name: MARK ANKCORN Street Address (P.O. Box Number is Not Acceptable): 11200 S. Apopka-Vineland Rd. City: Orlando FL Zip Code: 32836

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 _____ Mark Ankcorn 28 February 2007
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, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COPD BROZANSKI, TED 2024 STILLWOOD PL WINDERMERE, FL 34786	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR MATZA, HARLENE 11515 SANDY HILL DR ORLANDO, FL 32821	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COPD DANA ESSIG 8944 GREY HAWK PT. Orlando, Fl 32836	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SCHWARTZ, RICHARD 10189 BRANDON CIR ORLANDO, FL 32836	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD BEN, BOLUSKY 3306 KING GEORGE DR. ORLANDO, FL 32835	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COP SEGELIN, JUDITH 3850 OCITA DR ORLANDO, FL 32837	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRESURER JEFF SIKORA 211 Highbranch Blvd. Ocoee, Fl 34761	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR KURT, KOTZIN 6343 ROCKINGTREE LANE ORLANDO, FL 32819	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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.

SIGNATURE: _____ 3/1/2007 407-239-5444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #