

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90016 015 ****61.25

DOCUMENT # 768041

1. Entity Name
SOUTHWEST ORLANDO JEWISH CONGREGATION, INC.



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

Mailing Address
11200 S APOPKA VINELAND RD
ORLANDO, FL 32836

400037



01182008 No Chg-VP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

ANKCORN, MARK
11200 S APOPKA VINELAND ROAD
ORLANDO, FL 32836

**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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	COPD BROZANSKY, TED 2024 STILLWOOD PL WINDERMERE, FL 34786	ED Bromberg 10027 Crystalline Dr Orlando, FL 32836
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COPD ESSIG, DANA 8944 GREY HAWK PT. ORLANDO, FL 32836	Abby Pait 11852 OTTAWA AVE Orlando, FL 32837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SCHWARTZ, RICHARD 10189 BRANDON CIR ORLANDO, FL 32836	Dan Gerstenblatt 4940 Kensington Park Blvd Orlando, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BEN, BOLUSKY 3306 KING GEORGE DR. ORLANDO, FL 32835	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SIKOP, JEFF 211 HIGHBROOKE BLVD. OCFEE, FL 34761	FRANK Schwartz 6927 Northwich Dr. Windermere, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR KURT, KOTZIN 6343 ROCKINGTREE LANE ORLANDO, FL 32819	

**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: Barbara Needleman Barbara Needleman

3/3/08

407-239-5444

ATTACHMENT
40054762
768041

COPD
Ed Bromberg
10027 Crystalline Dr
Orlando, FL 32836

COPD
Abby Pait
11852 Ottawa Ave
Orlando, FL 32837

VPD
Dan Gerstenblitt
4947 Kensington Park Dr
Orlando, FL 32819

VPD
Ben Bolusky
3306 King George Dr
Orlando, FL 32835

T
Frank Schwartz
6927 Northwich Dr
Windermere, FL 34786

DIR
Kurt Kotzin
6343 Rockingtree Lane
Orlando, FL 32819