

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007607

FILED
Jan 13, 2008
Secretary of State

Entity Name: CONGREGATION OHEL RACHEL LEAH INC.

Current Principal Place of Business:

8546 PALM PKWY.
LAKE BUENA VISTA, FL 32836

New Principal Place of Business:

Current Mailing Address:

8546 PALM PKWY.
LAKE BUENA VISTA, FL 32836

New Mailing Address:

FEI Number: 20-1752026

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOR, RAFAEL
13037 MULBERRY PARK DR.
523
ORLANDO, FL 32821 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: MOR, RAFAEL
Address: 8546 PALM PKWY.
City-St-Zip: LAKE BUENA VISTA, FL 32836

Title: V () Delete
Name: ITZCHAK, MOR
Address: 8546 PALM PKWY.
City-St-Zip: LAKE BUENA VISTA, FL 32836

Title: T () Delete
Name: MOR, DINA
Address: 8546 PALM PKWY.
City-St-Zip: LAKE BUENA VISTA, FL 32836

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: RAFAEL MOR

P

01/13/2008

Electronic Signature of Signing Officer or Director

Date