

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 18, 2008 8:00 am
Secretary of State

08-18-2008 90001 050 ****61.25

DOCUMENT # N05000010574					
1. Entity Name REFORM SYNAGOGUE DEVELOPMENT PROFESSIONALS, INC.					
Principal Place of Business 11060 NW 24TH STREET CORAL SPRINGS, FL 33065 US			Mailing Address 17860 WINDFLOWER WAY #1801 DALLAS, TX 75252 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 7310 PARK HEIGHTS AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State BALTO, MD		4. FEI Number 43-2090246	
Zip		Zip 21208		Country US	
6. Name and Address of Current Registered Agent RONALD L. SIEGEL, P.A. 1800 NW CORPORATE BOULEVARD SUITE 302 BOCA RATON, FL 33431				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	DP GOODMAN, PATRICIA 17860 WINDFLOWER WAY, #1801 DALLAS, TX 75252	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP ZINN, HELENE M 110 EDWARD AVENUE SAN RAFAEL, CA 94903	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS BLITZ, JANN T 3749 RIVER OAKS LANE BIRMINGHAM, AL 35223	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT LOWY, MAXINE D 5 KING CANULE CT OWINGS MILLS, MD 21117	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOWDIESHELL, ALLISON B 4584 ANDERSON ROAD SOUTH EUCLID, OH 44121	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT LOWY, MAXINE D. 5 KING CANULE CT. OWINGS MILLS, MD 21117	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT LOWY, MAXINE D. 5 KING CANULE CT. OWINGS MILLS, MD 21117	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT LOWY, MAXINE D. 5 KING CANULE CT. OWINGS MILLS, MD 21117	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT LOWY, MAXINE D. 5 KING CANULE CT. OWINGS MILLS, MD 21117	<input checked="" 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.					
SIGNATURE: <u>Maxine Lowy</u> MAXINE LOWY, TREAS. 8/12/08 410.358.6107					