

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000007409

FILED
Jun 07, 2008
Secretary of State

Entity Name: CONGREGATION KAVOD LA'OLAM, INC.

Current Principal Place of Business:

1115 E. DESOTO ST.
PENSACOLA, FL 32501

New Principal Place of Business:

805 LAGOON DRIVE
PENSACOLA, FL 32505

Current Mailing Address:

1115 E. DESOTO ST.
PENSACOLA, FL 32501

New Mailing Address:

805 LAGOON DRIVE
PENSACOLA, FL 32505

FEI Number: 20-5215149 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MARKS, DOUGLAS M.
1115 E. DESOTO ST.
PENSACOLA, FL 32501 US

Name and Address of New Registered Agent:

POTTS, FLORENCE M MS.
805 LAGOON DRIVE
PENSACOLA, FL 32505 US

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: FLORENCE M. POTTS

06/07/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: WATSON, GREGORY
Address: 900 LAGOON DR.
City-St-Zip: PENSACOLA, FL 32505

Title: DV () Delete
Name: KAPLAN, JOYCE
Address: 7816 WOODPOINTE DR.
City-St-Zip: PENSACOLA, FL 32514

Title: DT () Delete
Name: MARKS, DOUGLAS M.
Address: 1115 E. DESOTO ST.
City-St-Zip: PENSACOLA, FL 32501

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: WATSON, GREGORY
Address: 900 LAGOON DRIVE
City-St-Zip: PENSACOLA, FL 32505

Title: VP (X) Change () Addition
Name: FINCK, PERRY
Address: 3285 KINARD
City-St-Zip: PENSACOLA, FL 32507

Title: TREA (X) Change () Addition
Name: POTTS, FLORENCE M
Address: 805 LAGOON DRIVE
City-St-Zip: PENSACOLA, FL 32505

Title: SECR () Change (X) Addition
Name: ZOSS, SUZANNE K DR.
Address: 1115 WATSON AVENUE
City-St-Zip: PENSACOLA, FL 32503

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: SUZANNE K. ZOSS

SECR

06/07/2008

Electronic Signature of Signing Officer or Director

Date