

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007409

FILED  
Feb 24, 2012  
Secretary of State

**Entity Name:** CONGREGATION KAVOD LA'OLAM, INC.

**Current Principal Place of Business:**

805 LAGOON DRIVE  
PENSACOLA, FL 32505

**New Principal Place of Business:**

**Current Mailing Address:**

805 LAGOON DRIVE  
PENSACOLA, FL 32505

**New Mailing Address:**

**FEI Number:** 20-5215149

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

POTTS, FLORENCE M MS.  
805 LAGOON DRIVE  
PENSACOLA, FL 32505 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:** PRES  
**Name:** WATSON, GREGORY  
**Address:** 900 LAGOON DRIVE  
**City-St-Zip:** PENSACOLA, FL 32505

**Title:** VP  
**Name:** FINCK, PERRY  
**Address:** 3285 KINARD  
**City-St-Zip:** PENSACOLA, FL 32507

**Title:** TREA  
**Name:** POTTS, FLORENCE M  
**Address:** 805 LAGOON DRIVE  
**City-St-Zip:** PENSACOLA, FL 32505

**Title:** SECR  
**Name:** ZOSS, SUZANNE K DR.  
**Address:** 1115 WATSON AVENUE  
**City-St-Zip:** PENSACOLA, FL 32503

I hereby 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 all other like empowered.

**SIGNATURE:** FLORENCE M POTTS

TREA

02/24/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date