FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED

DOCUMENT # N24813 (0)

1. Corporation Name

CENTRAL FLORIDA JEWISH RECONSTRUCTIONIST HAVURAH , INC.

Principal Place of Business	Mailing Address
C/O RIVA SOROKURS 2605 TIERRA CIRCLE WINTER PARK FL 32792	C/O RIVA SOROKURS 2605 TIERRA CIRCLE WINTER PARK FL 32792

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/11/1988
3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-3031859 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SOROKURS, RIVA L. 2605 TIERRA CIRCLE WINTER PARK FL 32792	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS / CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VSD	1.1 TITLE	☐ Change ☐ Addition
NAME	SOROKURS, RIVA L.	1.2 NAME	
STREET ADDRESS	2605 TIERRA CIRCLE	1.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER PARK FL	1.4 CITY - ST - ZIP	
TITLE	TD	2.1 TITLE	☐ Change ☐ Addition
NAME	FELDMAN, IRWIN	2.2 NAME	
STREET ADDRESS	232 SPRINGSIDE ROAD	2.3 STREET ADDRESS	
CITY - ST - ZIP	LONGWOOD FL	2.4 CITY - ST - ZIP	
TITLE	PD	3.1 TITLE	☐ Change ☐ Addition
NAME	KOHN, SHIRLEY	3.2 NAME	
STREET ADDRESS	522 WOODFIRE WAY	3.3 STREET ADDRESS	
CITY - ST - ZIP	CASSELBERRY FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/95 — Date

(407) 354-0047 — Daytime Phone #

0033046