

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90017 020 ****61.25

DOCUMENT # N24813

1. Entity Name

**CENTRAL FLORIDA JEWISH RECONSTRUCTIONIST
HAVURAH, INC.**



Principal Place of Business

**C/O RIVA SOROKURS
2605 TIERRA CIRCLE
WINTER PARK FL 32792**

Mailing Address

**C/O RIVA SOROKURS
2605 TIERRA CIRCLE
WINTER PARK FL 32792**

2. Principal Place of Business

232 SPRINGSIDE RD.

Suite, Apt. #, etc.

3. Mailing Address

232 SPRINGSIDE RD.

Suite, Apt. #, etc.

City & State

LONGWOOD, FL

Zip

32779

Country

USA

City & State

LONGWOOD, FL

Zip

32779

Country

USA

4. FEI Number

59-3031859

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SOROKURS, RIVA L.
2605 TIERRA CIRCLE
WINTER PARK FL 32792**

7. Name and Address of New Registered Agent

Name **FELDMAN, IRWIN M.**

Street Address (P.O. Box Number is Not Acceptable)

232 SPRINGSIDE RD.

City

LONGWOOD

FL

Zip Code

32779

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **VSD** ☐ Delete
NAME **SOROKURS, RIVA L.**
STREET ADDRESS **2605 TIERRA CIRCLE**
CITY-ST-ZIP **WINTER PARK FL**

TITLE **TD** ☐ Delete
NAME **FELDMAN, IRWIN**
STREET ADDRESS **232 SPRINGSIDE ROAD**
CITY-ST-ZIP **LONGWOOD FL**

TITLE **PD** ☐ Delete
NAME **SOLOMON, SANDRA**
STREET ADDRESS **6 BAYBERRY BRANCH**
CITY-ST-ZIP **CASSELBERRY FL 32707**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VSD** ☒ Change ☐ Addition
NAME **SOLDINGER, JANICE**
STREET ADDRESS **570 CRANES WAY, # 148**
CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32701**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

IRWIN M. FELDMAN **2/23/04** **407 788 0209**