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

95 MAY -1 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000003776 (2)**

1. Corporation Name

REFORM CONGREGATION OF STUART, INC.

Principal Place of Business	Mailing Address
3725 SE OCEAN BLVD SUITE 201 STUART FL 34996	3725 SE OCEAN BLVD SUITE 201 STUART FL 34996

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/20/1993
3a. Date of Last Report: 02/10/1994
4. FEI Number: 65-0433492 ☐ 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 — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

9. Name and Address of Current Registered Agent

KLEIN, ROBERT N
1903 S 25TH STREET
SUITE 200
FT PIERCE FL 34947

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	LESTER, DAVID	12 NAME	
STREET ADDRESS	3725 SE OCEAN BLVD	13 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	14 CITY-ST-ZIP	
TITLE	DV	21 TITLE	☐ Change ☐ Addition
NAME	COTLER, KAREN	22 NAME	
STREET ADDRESS	60 S RIVER RD	23 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	24 CITY-ST-ZIP	
TITLE	DV	31 TITLE	☐ Change ☐ Addition
NAME	KLEIN, ROBERT	32 NAME	
STREET ADDRESS	2122 SE BRYSON AVE	33 STREET ADDRESS	
CITY-ST-ZIP	PORT ST LUCIE FL	34 CITY-ST-ZIP	
TITLE	DV	41 TITLE	☐ Change ☐ Addition
NAME	LIPTON, JOEL	42 NAME	
STREET ADDRESS	1896 SW CRANE CREEK AVE	43 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL	44 CITY-ST-ZIP	
TITLE	DT	51 TITLE	☐ Change ☐ Addition
NAME	GOLDIN, GENE B	52 NAME	
STREET ADDRESS	2162 SW RACQUET CLUB DR	53 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL	54 CITY-ST-ZIP	
TITLE	DS	61 TITLE	☐ Change ☐ Addition
NAME	DIAMOND, STEVE	62 NAME	
STREET ADDRESS	15 HERITAGE WAY	63 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	64 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)(i), Florida Statutes. I further certify that the information indicated on this 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: David Lester by RH 4/26/95 407-286-1531
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0991100