FILE NOW: FILING FEE IS $61.25

FILED
Mar 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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	P.O. BOX 2532 STUART FL 34995-2532 US

3. Date Incorporated or Qualified: 08/20/1993
3a. Date of Last Report: 03/04/1996

2. Principal Place of Business — 21: 3725 SE Ocean Blvd.
Suite, Apt. #, etc. — 22: Suite 103
City & State — 23: Stuart FL
Zip — 24: 34996 Country — 25: U.S.

2a. Mailing Address — 26: 3725 SE Ocean Blvd.
Suite, Apt. #, etc. — 27: Suite 103
City & State — 28: Stuart FL
Zip — 29: 34996 Country — 30: U.S.

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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: Tapper, Marci A.
82 Street Address (P.O. Box Number is Not Acceptable): 22 Island Rd.
83
84 City: Stuart **FL** 85 Zip Code: 34996

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Marci A. Tapper Marci A. Tapper, Secretary 2/7/97
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	PD	☐ DELETE	1.1 TITLE	VP	☐ Change ☒ Addition
NAME	LESTER, DAVID		1.2 NAME	Greene, Robert D	
STREET ADDRESS	73 NORTH SEWALL'S POINT ROAD		1.3 STREET ADDRESS	26 Island Rd	
CITY-ST-ZIP	STUART FL		1.4 CITY-ST-ZIP	Stuart FL 34996	
TITLE	VPD	☒ DELETE	2.1 TITLE	VP	☐ Change ☒ Addition
NAME	LIPTON, JOEL		2.2 NAME	Levin, Alan	
STREET ADDRESS	1896 SW CRANE CREEK AVENUE		2.3 STREET ADDRESS	21 Island Rd	
CITY-ST-ZIP	PALM CITY FL		2.4 CITY-ST-ZIP	Stuart FL 34996	
TITLE	SD	☒ DELETE	3.1 TITLE	VPD	☐ Change ☒ Addition
NAME	KLEIN, ROBERT		3.2 NAME	Pearlstine Amy	
STREET ADDRESS	2122 SE BRYSON AVE		3.3 STREET ADDRESS	3900 Sugar Hill Ave	
CITY-ST-ZIP	PORT ST LUCIE FL		3.4 CITY-ST-ZIP	Jensen Beach FL 34957	
TITLE	DV	☒ DELETE	4.1 TITLE	VPD	☐ Change ☒ Addition
NAME	LIPTON, JOEL		4.2 NAME	Sundheim, Michael	
STREET ADDRESS	1896 SW CRANE CREEK AVE		4.3 STREET ADDRESS	1894 SW St. Andrews Dr.	
CITY-ST-ZIP	PALM CITY FL		4.4 CITY-ST-ZIP	Palm City FL 34990	
TITLE	DT	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GOLDIN, GENE B		5.2 NAME		
STREET ADDRESS	2162 SW RACQUET CLUB DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	PALM CITY FL		5.4 CITY-ST-ZIP		
TITLE	VPD	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	GREENE, PENNY		6.2 NAME		
STREET ADDRESS	3 CASTLE HILL WAY		6.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 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: [illegible] Gene B. Goldin 2/7/97 (561) 283-7444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0072034