FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 23, 1999 8:00 am
Secretary of State
06-23-1999 90001 014 ****61.25

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DOCUMENT # **N93000003776**

1. Corporation Name

REFORM CONGREGATION OF STUART, INC.

Principal Place of Business	Mailing Address
3725 SE OCEAN BLVD STE 103 STUART FL 34996 US	3725 SE OCEAN BLVD STE 103 STUART FL 34996 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 08/20/1993
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0433492 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

TRAPPER, MARCI A.
22 ISLAND RD.
SUITE 200
STUART FL 34996

10. Name and Address of New Registered Agent

81 Name: Steve Levin
82 Street Address (P.O. Box Number is Not Acceptable): 1940 SW Windcross Run
83:
84 City: Palm City FL 85 Zip Code: 34990

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: Steven Levin — Steven Levin — 6/16/99
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	VPD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	DIAMOND, WAYNE		1.2 NAME	Diamond, Wayne	
STREET ADDRESS	4 HERITAGE WAY		1.3 STREET ADDRESS	4 Heritage Way	
CITY-ST-ZIP	STUART FL 34996		1.4 CITY-ST-ZIP	Stuart FL 34996	
TITLE	DT	☒ DELETE	2.1 TITLE	DTV	☐ Change ☒ Addition
NAME	HEILBRONNER, FREDRIC		2.2 NAME	Scott Sade	
STREET ADDRESS	3495 SW ASPEN PLACE		2.3 STREET ADDRESS	2901 SW Lake Terrace	
CITY-ST-ZIP	PALM CITY FL 34990		2.4 CITY-ST-ZIP	Palm City FL 34990	
TITLE	VPD	☒ DELETE	3.1 TITLE	SD	☐ Change ☒ Addition
NAME	HOCHMAN, MICHAEL		3.2 NAME	Karen Cotler	
STREET ADDRESS	1949 SW WINNERS DR		3.3 STREET ADDRESS	60 S. River Rd	
CITY-ST-ZIP	PALM CITY FL 34990		3.4 CITY-ST-ZIP	Stuart FL 34996	
TITLE	VPD	☐ DELETE	4.1 TITLE	VD	☐ Change ☒ Addition
NAME	SUNDHEIM, MICHAEL		4.2 NAME	Sandy Crile	
STREET ADDRESS	1894 SW ST. ANDREWS DR.		4.3 STREET ADDRESS	3227 SW Cedar Trail	
CITY-ST-ZIP	PALM CITY FL		4.4 CITY-ST-ZIP	Palm City FL 34990	
TITLE	PD	☒ DELETE	5.1 TITLE	VD	☐ Change ☒ Addition
NAME	GOLDIN, GENE B		5.2 NAME	Debra G Harvey	
STREET ADDRESS	2162 SW RACQUET CLUB DR		5.3 STREET ADDRESS	1 Ridgeland Court	
CITY-ST-ZIP	PALM CITY FL		5.4 CITY-ST-ZIP	Stuart FL 34990	
TITLE	VP	☐ DELETE	6.1 TITLE	M	☐ Change ☒ Addition
NAME	GREENE, ROBERT D		6.2 NAME	Barbara L Severino	
STREET ADDRESS	26 ISLAND RD.		6.3 STREET ADDRESS	1685 SE Biddle Lane	
CITY-ST-ZIP	STUART FL		6.4 CITY-ST-ZIP	Port St Lucie FL 34983	

14. 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 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, with all other like empowered.

SIGNATURE: Barbara L Severino Administrator — Barbara L. Severino Administrator — 6/16/99 — 561/286/1531
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SIGNATURE REQUIRED

CR2E037 (11/98)