

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # N94000000766

1. Entity Name
HOLLYWOOD COMMUNITY SYNAGOGUE, INC.



Principal Place of Business
**2221 NORTH 46 AVENUE
HOLLYWOOD, FL 33021**

Mailing Address
**2221 NORTH 46 AVENUE
HOLLYWOOD, FL 33021**



01042008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0560388	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ECKSTEIN, ARTHUR
2221 N. 46 AVE
HOLLYWOOD, FL 33021**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees

000000913199
05/08/08-80006-018 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KORF, JOSEPH
STREET ADDRESS	4001 WEST PARK RD
CITY-ST-ZIP	HOLLYWOOD, FL 33021

TITLE	PD
NAME	ECKSTEIN, ARTHUR
STREET ADDRESS	109 BONYBRAE WAY
CITY-ST-ZIP	HOLLYWOOD, FL 33021

TITLE	STD
NAME	ALBO, GEORGE
STREET ADDRESS	2221 N 46 AVE
CITY-ST-ZIP	HOLLYWOOD, FL 33021

TITLE	D
NAME	SOBOL, EPHRAIM
STREET ADDRESS	4600 SHERIDAN STREET
CITY-ST-ZIP	HOLLYWOOD, FL 33021

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 # _____