

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005977

FILED
Jan 07, 2009
Secretary of State

Entity Name: CONGREGATION ALIYAH OF FT. LAUDERDALE, INC.

Current Principal Place of Business:

9515 S.W. FIRST COURT
CORAL SPRINGS, FL 33071

New Principal Place of Business:

Current Mailing Address:

9515 S.W. FIRST COURT
CORAL SPRINGS, FL 33071

New Mailing Address:

FEI Number: 65-0537811

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLDMAN, N. SAUL
9515 S.W. FIRST COURT
CORAL SPRINGS, FL 33071 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GOLDMAN, N. SAUL
Address: 9515 S.W. FIRST COURT
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D () Delete
Name: WISEMAN, NEAL
Address: 251 JACARAMA DR
City-St-Zip: PLANTATION, FL 33324

Title: D () Delete
Name: GOLD, MURRAY
Address: 13759 A DATE PALM COURT C
City-St-Zip: DELRAY BEACH, FL 33484

Title: D () Delete
Name: NEWMAN, MARK
Address: 7735 YARDLEY DR, # 314C
City-St-Zip: TAMARAC, FL 33321

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: GOLD, ROSE
Address: 7735 YARDLEY DRIVE
City-St-Zip: TAMARAC, FL 33321

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: N. SAUL GOLDMAN

D

01/07/2009

Electronic Signature of Signing Officer or Director

Date