

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001462

FILED  
Mar 21, 2012  
Secretary of State

**Entity Name:** THE REFORM CONGREGATION OF WESTON, INC.

**Current Principal Place of Business:**

2360 GLADES CIRCLE  
WESTON, FL 33327 US

**New Principal Place of Business:**

**Current Mailing Address:**

2360 GLADES CIRCLE  
WESTON, FL 33327 US

**New Mailing Address:**

**FEI Number:** 65-0651401

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KAUFFMAN, IRIS  
2530 GOLF VIEW DRIVE  
WESTON, FL 33327 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:** VP  
**Name:** SHAPIRO, PETER  
**Address:** 2425 DEER CREEK RD  
**City-St-Zip:** WESTON, FL 33327

**Title:** S  
**Name:** MINDEL, SUSAN  
**Address:** 4095 PALMETTO TRAIL  
**City-St-Zip:** WESTON, FL 33331

**Title:** T  
**Name:** STARMAN, ELLIOT  
**Address:** 3640 HERON RIDGE LANE  
**City-St-Zip:** WESTON, FL 33331

**Title:** P  
**Name:** KAUFFMAN, IRIS  
**Address:** 2530 GOLF VIEW DRIVE  
**City-St-Zip:** WESTON, FL 33327

**Title:** V  
**Name:** JAFFE, MARTIN  
**Address:** 16101 EMERALD ESTATES DRIVE # 440  
**City-St-Zip:** WESTON, FL 33331

I hereby 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 all other like empowered.

**SIGNATURE:** IRIS KAUFFMAN

PRES

03/21/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date