

FILE NOW: FILING FEE IS \$61.25

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Apr 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000004426 (9)

1. Corporation Name

CONGREGATION L'DOR VA-DOR, INC.



Principal Place of Business	Mailing Address
7436 ROCKBRIDGE CIRCLE LAKE WORTH FL 33467	7436 ROCKBRIDGE CIRCLE LAKE WORTH FL 33467

3. Date Incorporated or Qualified	08/05/1997
4. FEI Number	65-0765165
Applied For	<input type="checkbox"/>
Not Applicable	<input checked="" type="checkbox"/>

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
KAMIN, BEVERLY 7436 ROCKBRIDGE CIRCLE LAKE WORTH FL 33467

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	PRESIDENT
NAME	KAMIN, BEVERLY	1.2 NAME	
STREET ADDRESS	7436 ROCKBRIDGE CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33467	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	TREASURER
NAME	EPSTEIN, JUDITH	2.2 NAME	MARK SCHREIBER
STREET ADDRESS	5812 BARNSTEAD CIRCLE	2.3 STREET ADDRESS	8066 STIRRUP CAY CT.
CITY-ST-ZIP	LAKE WORTH FL 33463	2.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33436
TITLE	D	3.1 TITLE	VICE PRESIDENT
NAME	GOLDING, ADRIANNE	3.2 NAME	RONALD GOLDING
STREET ADDRESS	7423 WENTWORTH DRIVE	3.3 STREET ADDRESS	7423 WENTWORTH DRIVE
CITY-ST-ZIP	LAKE WORTH FL 33467	3.4 CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE		4.1 TITLE	D
NAME		4.2 NAME	GREG TENDRICH
STREET ADDRESS		4.3 STREET ADDRESS	8591 TOURMALINE BLVD
CITY-ST-ZIP		4.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33437
TITLE		5.1 TITLE	D
NAME		5.2 NAME	ALAIN SORKIN
STREET ADDRESS		5.3 STREET ADDRESS	504 LIVE OAK LANE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33436
TITLE		6.1 TITLE	D
NAME		6.2 NAME	PAMELA ANDERSON
STREET ADDRESS		6.3 STREET ADDRESS	9203 MARQUIS CT.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33437

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.

SIGNATURE: Beverly Kamin BEVERLY KAMIN, PRES. 4/7/98 561-967-4444

CR2E037 (10/97)