

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 21, 1999 8:00am

Secretary of State

01-21-1999 90068 007 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N97000004426

1. Corporation Name

CONGREGATION L'DOR VA-DOR, INC.

Principal Place of Business

7436 ROCKBRIDGE CIRCLE LAKE WORTH FL 33467

Mailing Address

7436 ROCKBRIDGE CIRCLE LAKE WORTH FL 33467



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

08/05/1997

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number 65-0765165

Applied For Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip 25 Country

28 Zip 29 Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KAMIN, BEVERLY 7436 ROCKBRIDGE CIRCLE LAKE WORTH FL 33467

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 Beverly Kamin, BEVERLY KAMIN, PRES. 11/6/99

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

TP KAMIN, BEVERLY 7436 ROCKBRIDGE CIRCLE LAKE WORTH FL 33467

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

T SCHREIBER, MARK 8066 STIRRUPCAY CT BOYNTON BEACH FL 33436

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

TVP GOLDING, RONALD 7423 WENTWORTH DR LAKE WORTH FL 33467

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

D TENDRICH, GREG 8591 TOURMALINE BLVD BOYNTON BCH FL 33437

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

D SORKIN, ALAINE 504 LIVE OAK LN BOYNTON BCH FL 33436

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

D ANDERSON, PAMELA 9203 MARQUIS CT BOYNTON BCH FL 33437

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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: Beverly Kamin, BEVERLY KAMIN, PRES. 11/6/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time Phone #

CR2E037 (11/98)