2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N97000004426

TileD
Dec 26, 2009
Secretary of State

Entity Name: CONGREGATION L'DOR VA-DOR, INC. **Current Principal Place of Business: New Principal Place of Business:** 7400 LAKE WORTH ROAD LAKE WORTH, FL 33467 **Current Mailing Address: New Mailing Address:** 7400 LAKE WORTH ROAD LAKE WORTH, FL 33467 FEI Number: 65-0765165 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SCHWARTZ, DARRELL 7504 RIDGEFIELD LANE US LAKE WORTH, FL 33467 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition SCHWARTZ, DARRELL Name: Name: Address: 7504 RIDGEFIELD LANE Address: City-St-Zip: LAKE WORTH, FL 33467 City-St-Zip: Title: () Delete Title: () Change () Addition Name: GROSSMAN, FRANE Name: Address: 4822 ESEDRA CT #306 Address: City-St-Zip: LAKE WORTH, FL 33467 City-St-Zip: Title: () Delete Title: (X) Change () Addition SCHWARTZ, MARY Name: DRAUGHN, CINDI Name: 10450 BOYNTON PLACE CIRCLE Address: 7504 RIDGEFIELD LANE Address: City-St-Zip: LAKE WORTH, FL 33467 City-St-Zip: BOYNTON BEACH, FL 33437 Title: () Delete Title: () Change (X) Addition Name: Name: BURSTEIN, SUZANNE 6096 NEWPORT VILLAGE WAY Address: Address: City-St-Zip: City-St-Zip: LAKE WORTH, FL 33463

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: CINDI DRAUGHN D 12/26/2009