

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2007 8:00 am**  
**Secretary of State**

02-07-2007 90034 009 \*\*\*\*61.25

**DOCUMENT # N99000000363**

1. Entity Name  
VILLAGE REFORM CONGREGATION, INC.



Principal Place of Business  
13400 SW 10TH ST.  
PEMBROKE PINES, FL 33027

Mailing Address  
13400 SW 10TH ST.  
PEMBROKE PINES, FL 33027

40010310



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01212007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
65-0893990

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAILEANU, JORDAN D  
550 S.W. 137TH AVE., STE. L-401  
PEMBROKE PINES, FL 33027

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2007

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MR  
LEVIN, MERWYN PRES  
12601 SW 13TH STREET  
PEMBROKE PINES, FL 33027 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MS.  
ELAINE RAILEANU  
550 SW 137TH AV  
PEMBROKE PINES FL 33027 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MS  
LERNER, GERTRUDE L TREAS  
13475 SW 9TH STREET  
PEMBROKE PINES, FL 33027 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MS  
WILLNER, LIBBY V.P.  
701 SW 142ND AVE S212  
PEMBROOKE PINES, FL 33027 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MR  
FRIEDMAN, ALBERT V..P.  
1200 SW 125 AVE  
PEMBROKE PINES, FL 33027 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MR  
MARMELSTEIN, SAUL V.P.  
13700 SW 14TH STREET.  
PEMBROKE PINES, FL 33027 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MS  
LERNER, GERTRUDE L TREAS  
13475 SW 9TH STREET  
PEMBROKE PINES, FL 33027 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment, with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

GERTRUDE LERNER

1/30/07

(954) 437-7969