

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000010899

**Entity Name:** ABRAHAMIC REUNION INC.

**Current Principal Place of Business:**

2364 ARDEN DR  
SARASOTA, FL 34232

**Current Mailing Address:**

2364 ARDEN DR  
SARASOTA, FL 34232

**FEI Number:** 47-2716678

**Certificate of Status Desired:** No

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

LESS, DAVID  
2364 ARDEN DRIVE  
SARASOTA, FL 34232 US

*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

**Officer/Director Detail :**

Title P  
Name LESS, DAVID  
Address 2364 ARDEN DR  
City-State-Zip: SARASOTA FL 34232

Title DIRECTOR  
Name ROTHENBERG, NEIL DR.  
Address 275 WYCHWOOD AVE.  
City-State-Zip: TORONTO M6C2T6

Title DIRECTOR  
Name BROWNSTEIN, TED  
Address 1016 S. LAKESIDE DRIVE  
City-State-Zip: LAKE WORTH FL 33460

Title DIRECTOR  
Name GARLAND, HERMIONE  
Address 67 EDWARDS DRIVE  
City-State-Zip: STOUGHTON MA 02072

Title DIRECTOR  
Name HALL, AMINA LINDA  
Address 24 ARLINGTON STREET  
City-State-Zip: ROCHESTER NY 14607

Title DIRECTOR  
Name MACY, MICHAEL  
Address 16 ALDEBURGH ST  
SE10 0RR  
City-State-Zip: LONDON

Title TREASURER  
Name GARLAND, TIMOTHY  
Address 67 EDWARD DRIVE  
City-State-Zip: STOUGHTON MA 02072

*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:** TIMOTHY GARLAND

**TREASURER**

**01/28/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date