

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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95 JUL -3 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N26741 (1)
1. Corporation Name
RODFEI SHALOM FELLOWSHIP, INC.

Principal Place of Business RSF, INC. 8469 W. OAKLAND PK. BLVD. SUNRISE FL 33351	Mailing Address 8469 W. OAKLAND PARK BLVD. SUNRISE FL 33351
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/02/1988	3a. Date of Last Report 07/07/1994
4. FEI Number 65-0064489	Applied For <input type="checkbox"/> Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**SIMON, RABBI NAHUM
7258 SOLANDRA LANE
TAMARAC FL 33321**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or control name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS	
TITLE D	SIMON, RABBI NAHUM 7258 SOLANDRA LANE TAMARAC FL 33321
TITLE PD	BORKEN, GLENN 1021 MOCKINGBIRD LANE PLANTATION FL 33324
TITLE TD	HERSKOVITZ, MICHAEL P.O. BOX 3384 N/A LANTANA FL 33465
TITLE D	STARR, STUART 320 SE 9 STREET FT. LAUDERDALE FL
TITLE D	SIMON, SHERYL 9019 NW 38TH DR CORAL SPRINGS FL 33065
TITLE D	SIMON, SHERYL 7258 SOLANDRA LANE TAMARAC, FL 33321

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME SIMON, RABBI NAHUM	
13 STREET ADDRESS 7258 SOLANDRA LANE	
14 CITY-ST-ZIP TAMARAC, FL 33321	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE PD	
22 NAME RENE DE LEEUW	
23 STREET ADDRESS 3200 PORT ROYALE DRIVE	
24 CITY-ST-ZIP FT. LAUDERDALE, FL 33308	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE TD	
32 NAME ETHELIND WIENER	
33 STREET ADDRESS 3200 PORT ROYALE DRIVE	
34 CITY-ST-ZIP FT. LAUDERDALE, FL 33308	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE D	
42 NAME STARR, STUART	
43 STREET ADDRESS 320 SE 9 STREET	
44 CITY-ST-ZIP FT. LAUDERDALE, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE D	
52 NAME SIMON, SHERYL	
53 STREET ADDRESS 7258 SOLANDRA LANE	
54 CITY-ST-ZIP TAMARAC, FL 33321	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: *Rabbi Nahum Simon* Director 6-27-95 (303) 572-0902