

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N26741** (1)

1. Corporation Name

RODFEI SHALOM FELLOWSHIP, INC.



Principal Place of Business

Mailing Address

RSF, INC.
8469 W. OAKLAND PK. BLVD.
SUNRISE FL 33351

8469 W. OAKLAND PARK BLVD.
SUNRISE FL 33351

3. Date Incorporated or Qualified

06/02/1988

3a. Date of Last Report

07/03/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0064489

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIMON, RABBI NAHUM
7258 SOLANDRA LANE
TAMARAC FL 33321

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

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	SIMON, NAHUM RABBI	
STREET ADDRESS	7258 SOLANDRA LANE	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DE LEEUW, RENE	
STREET ADDRESS	3200 PORT ROYALE DRIVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WEINER, ETHELIND	
STREET ADDRESS	3200 PORT ROYALE DRIVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STARR, STUART	
STREET ADDRESS	320 SE 9 STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SIMON, SHERYL	
STREET ADDRESS	7258 SOLANDRA LANE	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WEINER, ETHELIND	
3.3 STREET ADDRESS	3200 PORT ROYALE DRIVE	
3.4 CITY-ST-ZIP	FT LAUDERDALE, FL 33308	
4.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	STARR, STUART	
4.3 STREET ADDRESS	320 SE 9 Street	
4.4 CITY-ST-ZIP	Ft. LAUDERDALE, FL	
5.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SIMON, SHERYL	
5.3 STREET ADDRESS	7258 SOLANDRA LANE	
5.4 CITY-ST-ZIP	TAMARAC, FL 33321	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 119.07(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*
Rabbi Nahum Simon, Director

1/31/96

Date

(954) 572-0902

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)