

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000010953

**Entity Name:** NESHAMA: ASSOCIATION OF JEWISH CHAPLAINS, INC.**Current Principal Place of Business:**3950 BISCAYNE BLVD  
MIAMI, FL 33137**Current Mailing Address:**3950 BISCAYNE BLVD  
MIAMI, FL 33137 US**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KILLGORE, PEARLMAN, SEMANIE, DENIUS & SQUIRES, P.A.  
2 SOUTH ORANGE AVENUE  
5TH FLOOR  
ORLANDO, FL 32801 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:** PHILIP S KAPROW

04/30/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	D
Name	KAPROW, MAURICE S
Address	3950 BISCAYNE BLVD
City-State-Zip:	MIAMI FL 33137

Title	D/P
Name	KATZ, SANDRA
Address	3950 BISCAYNE BLVD
City-State-Zip:	MIAMI FL 33137

Title	V/D
Name	ARSHINOFF, RENA
Address	3950 BISCAYNE BLVD
City-State-Zip:	MIAMI FL 33137

Title	PRESIDENT ELECT/D
Name	KINZBRUNNER, BRYAN
Address	3950 BISCAYNE BLVD
City-State-Zip:	MIAMI FL 33137

Title	T/D
Name	OZAROWSKI, JOSEPH
Address	3950 BISCAYNE BLVD
City-State-Zip:	MIAMI FL 33137

Title	S/D
Name	GOLDFARB, MARK
Address	3950 BISCAYNE BLVD
City-State-Zip:	MIAMI FL 33137

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:** MAURICE S KAPROW**DIRECTOR**

04/30/2018

Electronic Signature of Signing Officer/Director Detail

Date