


FILE NOW: FILING FEE IS \$61.25

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Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 703220 (4) 1. Corporation Name RABBINICAL ASSOCIATION OF GREATER MIAMI, INC.					



Principal Place of Business 4200 BISCAYNE BLVD. MIAMI FL 33137 US		Mailing Address 4200 BISCAYNE BLVD. MIAMI FL 33137 US	
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2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25	Country	30	Country

3. Date Incorporated or Qualified 11/18/1961	
4. FEI Number 65-0205518	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> No
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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SCHIFF, SOLOMON 4200 BISCAYNE BLVD. MIAMI FL 33137	
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10. Name and Address of New Registered Agent	
81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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	
TITLE	PD
NAME	AUERBACH, RABBI DAVID H
STREET ADDRESS	7500 S.W. 120 STREET
CITY-ST-ZIP	MIAMI FL 33156
TITLE	VPD
NAME	CHEFITZ, RABBI MITCHELL
STREET ADDRESS	7800 RED RD., SUITE 231
CITY-ST-ZIP	S. MIAMI FL 33143
TITLE	SD
NAME	POMERANTZ, RABBI GAYLE H
STREET ADDRESS	4144 CHASE AVENUE
CITY-ST-ZIP	MIAMI BEACH FL 33140
TITLE	TD
NAME	KAPLAN, RABBI LARRY G
STREET ADDRESS	9353 S.W. 152 AVENUE
CITY-ST-ZIP	MIAMI FL 33196
TITLE	EVPD
NAME	SCHIFF, RABBI SOLOMON
STREET ADDRESS	4200 BISCAYNE BLVD.
CITY-ST-ZIP	MIAMI FL 33137
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	President D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Rabbi Mitchell Chefitz
1.3 STREET ADDRESS	7800 Red Rd Ste 231
1.4 CITY-ST-ZIP	So. Miami, FL. 33143
2.1 TITLE	V.P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Rabbi Gayle H. Pomerantz D
2.3 STREET ADDRESS	4144 Chase Ave.
2.4 CITY-ST-ZIP	Miami Beach, FL. 33140
3.1 TITLE	Sec. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Rabbi Larry G. Kaplan D
3.3 STREET ADDRESS	9353 S.W. 152 Ave.
3.4 CITY-ST-ZIP	Miami, FL. 33196
4.1 TITLE	Treas. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Rabbi Eliot H. Pearlson D
4.3 STREET ADDRESS	620-75 Street
4.4 CITY-ST-ZIP	Miami Beach, FL. 33141
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Solomon Schiff
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)