

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE, \$236.25).

Amended

NONPROFIT CORPORATION  
ANNUAL REPORT  
1998

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

DOCUMENT # 703220  
1. Corporation Name

Rabbinical Association Of Greater Miami

Principal Place of Business

4200 Biscayne Boulevard  
Miami, Florida 33137

Mailing Address

3. Date Incorporated or Qualified

11/18/61

4. FEI Number

65-0205518

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

Rabbi Solomon Schiff  
Exec. V. P.

Rabbinical Assoc. of Gtr. Miami

4200 Biscayne Blvd., Miami, FL 33137

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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 President  
NAME Rabbi Mitchell Chofetz  
STREET ADDRESS 7800 Red Rd. Ste. 231  
CITY-ST-ZIP So. Miami, FL 33143

1.1 TITLE President D  
1.2 NAME Rabbi Gayle H. Pomerantz  
1.3 STREET ADDRESS 4144 Chase Ave.  
1.4 CITY-ST-ZIP Miami Beach, FL 33140

TITLE VP D  
NAME Rabbi Gayle H. Pomerantz  
STREET ADDRESS 4144 Chase Ave.  
CITY-ST-ZIP Miami Beach, FL 33140

2.1 TITLE VP D  
2.2 NAME Rabbi Eliot H. Pearlson  
2.3 STREET ADDRESS 620-75 Street  
2.4 CITY-ST-ZIP Miami Beach, FL 33141

TITLE Secretary  
NAME Rabbi Larry Kaplan  
STREET ADDRESS 9353 S.W. 152 Ave.  
CITY-ST-ZIP Miami, FL 33196

3.1 TITLE Secretary D  
3.2 NAME Rabbi Shimon Dudai  
3.3 STREET ADDRESS 1700 Michigan Ave.  
3.4 CITY-ST-ZIP Miami Beach, FL 33139

TITLE Treasurer  
NAME Rabbi Eliot H. Pearlson  
STREET ADDRESS 620-75 Street  
CITY-ST-ZIP Miami Beach, FL 33141

4.1 TITLE Treasurer D  
4.2 NAME Rabbi Edwin Goldberg  
4.3 STREET ADDRESS 5500 Granada Blvd.  
4.4 CITY-ST-ZIP Miami, FL 33146

TITLE Exec. V. P.  
NAME Rabbi Solomon Schiff  
STREET ADDRESS 4200 Biscayne Blvd.  
CITY-ST-ZIP Miami, FL 33137

5.1 TITLE Rabbi Solomon Schiff D  
5.2 NAME Exec. V.P.  
5.3 STREET ADDRESS 4200 Biscayne Blvd.  
5.4 CITY-ST-ZIP Miami, FL 33137

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
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)(f), 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25037 (5/98)