

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**  
**AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$200)**

**NONPROFIT CORPORATION ANNUAL REPORT 1995**



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

**APPROVED AND FILED**

95 JUN 28 AM 10:12

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # 767779 (2)**  
 1. Corporation Name  
**ORTHODOX RABBINICAL COUNCIL OF SOUTH FLORIDA, INC.**

Principal Place of Business Mailing Address  
**C/O RABBI Z. ROSENBAUM** **C/O RABBI Z. ROSENBAUM**  
**3700 SHERIDAN AVENUE** **3700 SHERIDAN AVENUE**  
**MIAMI BCH. FL 33140-0950** **MIAMI BCH. FL 33140-0950**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/01/1983** 3a. Date of Last Report **04/14/1994**  
 4. FEI Number **59-2274583** 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **FILING FEE IS \$61.25**  
 a. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

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

9. Name and Address of Current Registered Agent  
**ROSENBAUM, RABBI Z.**  
**3700 SHERIDAN AVE.**  
**MIAMI BCH. FL 33140**

10. Name and Address of New Registered Agent  
 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 restate g) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WEBERMAN, RABBI P.
STREET ADDRESS	5944 PINETREE DR.
CITY - ST - ZIP	MIAMI BCH. FL
TITLE	VD
NAME	SPRUNG, RABBI Y
STREET ADDRESS	810 NE 172ND TERRACE
CITY - ST - ZIP	N MIAMI BCH, FL 00000
TITLE	SD
NAME	BISTON, RABBI Y.
STREET ADDRESS	1806 LINCOLN AVENUE
CITY - ST - ZIP	MIAMI BCH. FL
TITLE	TD
NAME	LEHRFIELD, RABBI D.
STREET ADDRESS	1345 N.E. 171ST STREET
CITY - ST - ZIP	N. MIAMI BEACH FL
TITLE	D
NAME	ROSENBAUM, RABBI Z.
STREET ADDRESS	3700 SHERIDAN AVE.
CITY - ST - ZIP	MIAMI BCH. FL
TITLE	VD
NAME	BENSINGER, RABBI Y.
STREET ADDRESS	1060 N.E. 177TH TERRACE
CITY - ST - ZIP	N MIAMI BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition

1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	Groner, Rabbi Abraham <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	1870 NE 187th St.
3.3 STREET ADDRESS	N Miami Bch, FL 33179
3.4 CITY - ST - ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

100001526761  
 -06/23/95-01036-004  
 \*\*\*\*\*61.25 \*\*\*\*\*61.25

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)(b), 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 Zvi Rosenbaum 6-19-95 305-673-0115  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
 Rabbi Zvi Rosenbaum

CR2E037 (3/95)