NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #
1. Corporation Name

767779

ORTHODOX RABBINICAL COUNCIL OF SOUTH FLORIDA, IN

Principal Place of Business

Mailing Address



C/O RABBI Z. 3700 SHERIDA MIAMI BCH. F		C/O RABBI Z. ROSENBAUN 3700 SHERIDAN AVENUE MIAMI BCH. FL 33140-0950	l	Date Incorporated or Qualified 04/01/1983	3a. Date of Last Report 06/28/1995
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 6/0 R/	ABBI A. GRONER	26 60 RABBI	A. GROJER	59-2274583	Not Applicable
Suite, Apt. <i>i</i>	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	IAMI BEALH, FLA	City & State 28	BEACH, FA	Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zip 24 331フ		Zip 29 33179 31	Country J. S.	, ionaa statutu	Yes ☑No
	9. Name and Address of Current Re	egistered Agent		10. Name and Address of New Re	gistered Agent
3700 SHI MIAMI BO	AUM, RABBI Z. ERIDAN AVE. CH. FL 33140 o the provisions of Sections 617.0502 and	H S 1 7 4 5 0 0 Florido Clobuto o A	83 187 84 City NORTH	ABBI ABRAHAN (DESIP.O. Box Number is Not Acceptable O N.E. 1877 17 H MIAMI BEACH	FL 85 Zip Code
or register	at the provisions of sections of 7,0002 and ed agent, or both, in the State of Florida. S th, and accept the deligations of, Section I	Such change was authorized b 617.0503, Florida Statutes.	y the corporation's board	d of directors. Thereby accept the appoint	ose of changing its registered unice nament as registered agent. I am
SIGNATORI		ntte if applicable (NOTE R	egistered Agent signature required	when reinstating)	* DATE
12.	OFFICERS AND D		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PD	DELETE	11 TITLE		Change Addition
NAME	weberman, rabbi p.		1 2 NAME		
STHEET ADDRESS	5944 PINETREE DR.		1.3 STREET ADDRESS		
CITY - ST - ZIP	MIAMI BCH. FL		1.4 CITY - ST - ZIP		
TITLE	VD	DELETE	2 1 TITLE		Change Addition
NAME	SPRUNG, RABBI Y		2 2 NAME		
STREET ADDRESS	810 NE 172ND TERRACE		2.3 STREET ADDRESS		
C(TY-ST-Z)P	N MIAMI BCH FL	<u> </u>	2 4 CITY-ST-ZIP		
THTLE	SD	DELETE	3 1 TITLE	50 0.00. 000	Change Addition
NAME	Groner, rabbi abraham		32 NAME G	RONER, RABBI ABR	V4.94M
STREET ADDRESS	1335 LENOX AVENUE		3.3 STREET ADDRESS	את סרק אוני שואת סרק	- 51-50
CITY-ST-ZIP	MIAMI BCH. FL		34 CITY+ST+ZIP	1. MIAMI BEACH, FL	
TITLE	TD	DELETE	41 TITLE		☐ Change ☐ Addition
NAME	Lehrfield, rabbi d.		4. 2 NAME		
STREET ADDRESS	1345 N.E. 171ST STREET		4.3 STREET ADDRESS		
CHTY - ST - ZIP	N. MIAMI BEACH FL		4 4 CITY - ST - ZIP		
TITLE	D	DEFELE	5 1 TITLE		Change Addit-on
NAME	ROSENBAUM, RABBI Z.		5.2 NAME		
STREET ADDRESS	3700 SHERIDAN AVE.		5 3 STREET ADDRESS		
CITY - ST - ZIP	MIAMI BCH. FL		5 4 CITY - ST - ZIP		
TITLE	VD	DELETE	61 TITLE		Change Addition
NAME	BENSINGER, RABBI Y.		6.2 NAME		
STREET ADDRESS	1060 N.E. 177TH TERRACE		63 STREET ADDRESS		
CITY-SI-ZIP	N MIAMI BCH FL		6 4 CITY - ST - ZIP		
					B. C.

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 changled, or on an attachment with an address.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: