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**FILED**

**Mar 27 1997 8:00am  
Secretary of State**

**NONPROFIT CORPORATION  
ANNUAL REPORT  
1997**



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

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



Principal Place of Business: **C/O RABBI A. GRONER  
1870 NE 187TH ST  
N MIAMI BCH FL 33179  
US**

Mailing Address: **C/O RABBI A. GRONER  
1870 NE 187TH ST  
N MIAMI BCH FL 33179-4361  
US**

3. Date Incorporated or Qualified: **04/01/1983**      3a. Date of Last Report: **02/16/1996**

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21** Suite Apt. #, etc: **22** City & State: **23** Zip: **24** Country: **25**

2a. Mailing Address: **26** Suite, Apt. #, etc.: **27** City & State: **28** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent:  
**GRONER, ABRAHAM RABBI  
1870 NE 187TH ST  
N MIAMI BCH FL 33179**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WEBERMAN, RABBI P.	
STREET ADDRESS	5944 PINETREE DR.	
CITY-ST-ZIP	MIAMI BCH. FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SPRUNG, RABBI Y	
STREET ADDRESS	810 NE 172ND TERRACE	
CITY-ST-ZIP	N MIAMI BCH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GRONER, RABBI ABRAHAM	
STREET ADDRESS	1870 NE 187TH ST	
CITY-ST-ZIP	N MIAMI BCH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LEHRFIELD, RABBI D.	
STREET ADDRESS	1345 N.E. 171ST STREET	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROSENBAUM, RABBI Z.	
STREET ADDRESS	3700 SHERIDAN AVE.	
CITY-ST-ZIP	MIAMI BCH. FL	
TITLE	VD	<input type="checkbox"/> DELETE
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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 do 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 a new address.

SIGNATURE: *Abraham Groner* RABBI ABRAHAM GRONER 3/24/97 305-921-6244  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0033284

CR2E037 (9/96)