FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # 767779**

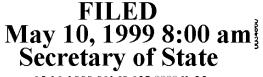
1. Corporation Name

ORTHODOX RABBINICAL COUNCIL OF SOUTH FLORIDA, IN

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

Mailing Address

C/O RABBI A. GRONER 1870 NE 187TH ST N MIAMI BCH FL 33179



05-10-1999 90169 037 ****61.25



US		US						
_	Place of Business 2a. Mailing Address 26				3. Date incorporated or Qualifed 04/01/1983	<u>,</u>		
21 Suito Ant	# etc	Suite, Apt. #, etc.			4. FEI Number		App	lied For
Suite, Apt.	r, etc.	27			59-2274583			Applicable
City 9 State	<u> </u>	City & State					\$8.75 AC	
City & State	ar en	28			5. Certifcate of Status Desired		Fee Req	
Zip	Country	Zip	Country	,	6. Election Campaign Financing	П	\$5.00 N	/lay Be
24	25	29 30			Trust Fund Contribution		Added to	Fees
	9. Name and Address of Current	Registered Agent			10. Name and Address of New R	egistered /	Agent	
			81	Name				
GRONER, ABRAHAM RABBI				Street Addr	ress (P.O. Box Number is Not Accepta	ble)		
1870 NE 187TH ST								
N MIAMI BCH FL 33179								
			84	City		FL	85 Zip C	ode
11 Durawant	to the provinces of Sections 617.0502	and 617 1508 Florida Statutes	the above	e-named corr	poration submits this statement for the		changing its r	egistered
office or n agent. I a	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was authons of, Section 617.0503, Florida	orized by Statutes	the corporation.	on's board of directors. I hereby accep	t the appoir	ntment as reg	istered
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Reg	gistered Agei	nt signature require	ed when reinstating)	DATE		
12.					ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTOR	RS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE				Change	☐ Addition
NAME	WEBERMAN, RABBI P.		1.2 NAME					
STREET ADDRESS	5944 PINETREE DR.		1.3 STREE	T ADDRESS				Ì
CITY-ST-ZIP	MIAMI BCH. FL	140		T-ZIP				}
TITLE	VD	☐ DELETE	2.1 TITLE				☐ Change	Addition
NAME	SPRUNG, RABBI Y		2.2 NAME					1
	810 NE 172ND TERRACE			T ADDRESS				ı
STREET ADDRESS			2.4 CITY-S				,	
CITY-ST-ZIP	TO MICHAEL STATE OF THE STATE O		3.1 TITLE	31-ZIF			Change	Addition
TITLE	SD DARRI ARDALIAM	C Section					_ •	_
NAME	GRONER, RABBI ABRAHAM		3.2 NAME	T 4000000				ļ
STREET ADDRESS	·-			T ADDRESS				
CITY-ST-ZIP	N MIAMI BCH FL			ST-ZIP			☐ Change	Addition
TITLE	TD	☐ DELETE	4.1 TITLE					
NAME	LEHRFIELD, RABBI D.		4. 2 NAME					
STREET ADDRESS	1345 N.E. 171ST STREET		4.3 STREE	TADDRESS				1
CITY-ST-ZIP	N. MIAMI BEACH FL		4.4 CITY-5	ST-ZIP			Change	Addition
TITLE	D	DELETE 5.1 TI					☐ Change	L] Addition
NAME	ROSENBAUM, RABBI Z.		5.2 NAME					
STREET ADDRESS	3700 SHERIDAN AVE.			TADDRESS				
CITY-ST-ZIP	MIAMI BCH. FL		5.4 CITY-S	ST-ZIP				
TITLE	VD	☐ DELETE	6.1 TITLE				Change	☐ Addition
NAME	BENSINGER, RABBI Y.		6.2 NAME					
STREET ADDRESS			6.3 STREE	TADDRESS				
			0.40004.0	T 710				

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 peciever or trystee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if change

SIGNATURE: