


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2008 8:00 am
Secretary of State

06-04-2008 90008 009 ****61.25

DOCUMENT # N00000007829 1. Entity Name ORTHODOX RABBINICAL BOARD OF BROWARD AND PALM BEACH COUNTIES, INC.																													
Principal Place of Business 951 NE 167TH ST, SUITE 134 NORTH MIAMI BEACH, FL 33162 US		Mailing Address 5840 STIRLING ROAD # 256 HOLLYWOOD, FL 33021																											
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 951 NE 167th St # 134 Suite, Apt. #, etc.																											
City & State North Miami Beach FL		4. FEI Number 65-1059051																											
Zip 33162		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent KINZBRUNNER, DAVID 4801 S UNIVERSITY DRIVE DAVIE, FL 33328				7. Name and Address of New Registered Agent ACCUPAY SERVICES CORP. 1776 N. Pine Island Rd. Suite 216 Plantation, FL 33322																									
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE  <small>Signature typed or printed name of registered agent and fee if applicable</small> </div> <div style="width: 40%; text-align: right;"> 3-17-08 <small>(NOT: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;"> <small>DATE</small> </div> </div>																													
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																									
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">D</td> <td style="width: 40%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LIEBERMAN, RABBI ARON</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6700 NW 44 STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAUDERHILL, FL 33319</td> <td></td> </tr> </table> </div> <div style="width: 45%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;"></td> <td style="width: 40%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	D	<input type="checkbox"/> Delete	NAME	LIEBERMAN, RABBI ARON		STREET ADDRESS	6700 NW 44 STREET		CITY-ST-ZIP	LAUDERHILL, FL 33319		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete																											
NAME	LIEBERMAN, RABBI ARON																												
STREET ADDRESS	6700 NW 44 STREET																												
CITY-ST-ZIP	LAUDERHILL, FL 33319																												
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																											
NAME																													
STREET ADDRESS																													
CITY-ST-ZIP																													
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D DAVIS, RABBI EDWARD 3291 STIRLING ROAD FORT LAUDERDALE, FL 33312																											
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D BRANDER, RABBI KENNETH 7900 MONTOYA CIRCLE BOCA RATON, FL 33433																											
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D WEITZ, RABBI PESACH 1130 NE 178TH TERRACE NORTH MIAMI BEACH, FL 33162																											
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DS WEITZ, MARCIA 1130 NE 178TH TERRACE NORTH MIAMI BEACH, FL 33162																											
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete																											
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition																											

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:  **3/31/08** **954-797-7888**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #