## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000007829

Apr 21, 2009 Secretary of State

Entity Name: ORTHODOX RABBINICAL BOARD OF BROWARD AND PALM BEACH COUNTIES, INC.

**Current Principal Place of Business:** New Principal Place of Business: 951 NE 167TH ST, SUITE 134 951 NE 167TH ST. NORTH MIAMI BEACH, FL 33162 US SUITE 134 NORTH MIAMI BEACH, FL 33162 US **Current Mailing Address: New Mailing Address:** 951 NE 107TH ST 951 NE 167TH ST. SUITE 134 MIAMI, FL 33162 NORTH MIAMI BEACH, FL 33162 US FEI Number: 65-1059051 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ACCUPAY SERVICES CORP 1776 N PINE ISLAND RD SUITE 216 PLANTATION, FL 33322 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete () Change () Addition LIEBERMAN, RABBI ARON Name: Name: 6700 NW 44 STREET Address: Address: City-St-Zip: LAUDERHILL, FL 33319 City-St-Zip: Title: () Delete Title: () Change () Addition DAVIS, RABBI EDWARD Name: Name: Address: 3291 STIRLING ROAD Address: FORT LAUDERDALE, FL 33312 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition WEITZ, RABBI PESACH Name: Name: 1130 NE 178TH TERRACE Address: Address: City-St-Zip: NORTH MIAMI BEACH, FL 33162 City-St-Zip: Title: DS () Delete Title: () Change () Addition Name: WEITZ, MARCIA Name: 1130 NE 178TH TERRACE Address: Address: City-St-Zip: NORTH MIAMI BEACH, FL 33162 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARCIA WEITZ DS 04/21/2009