

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009498

FILED  
Mar 17, 2008  
Secretary of State

**Entity Name:** ORTHODOX RABBINATE OF NORTH DADE, INC.

**Current Principal Place of Business:**

1870 NE 187 STREET  
NORTH MIAMI BEACH, FL 33179

**New Principal Place of Business:**

**Current Mailing Address:**

1870 NE 187 STREET  
NORTH MIAMI BEACH, FL 33179

**New Mailing Address:**

**FEI Number:** 57-1141768

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GRONER, RABBI A  
1870 NE 187 STREET  
NORTH MIAMI BEACH, FL 33179 US

**Name and Address of New Registered Agent:**

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:**

Title: D ( ) Delete  
Name: GRONER, RABBI A  
Address: 1870 NE 187 STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: D ( ) Delete  
Name: LEHRFIELD, RABBI D  
Address: 1345 NE 171 ST  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: D ( ) Delete  
Name: MARLOW, RABBI J  
Address: 1122 NE 176 ST  
City-St-Zip: NORTH MIAMI, FL 33162

Title: D ( ) Delete  
Name: HOROWITZ, RABBI J  
Address: 7000 ISLAND BLVD  
City-St-Zip: AVENTURA, FL 33162

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: CHARNA, GRONER MRS.  
Address: 1870 NE 187 STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33179

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: RABBI ABRAHAM GRONER

D

03/17/2008

Electronic Signature of Signing Officer or Director

Date