2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# N02000009498

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

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: ( ) Change ( ) Addition
Name:
Address:
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: ABRAHAM GRONER D 04/20/2009

Electronic Signature of Signing Officer or Director — Date