

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 25, 2008  
Secretary of State**

DOCUMENT# N05000007651

Entity Name: RCF-ORTHODOX RABBINATE CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

5 HIGHLAND OAKS TRAIL  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

5 HIGHLAND OAKS TRAIL  
ORMOND BEACH, FL 32174

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

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

EZAGUI, PINCHAS  
5 HIGHLAND OAKS TRAIL  
ORMOND BEACH, FL 32174    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: PD                      ( ) Delete  
Name: DUBOV, SHALOM  
Address: 642 GREEN MEADOW AVE.  
City-St-Zip: MAITLAND, FL 32751

Title: VD                      ( ) Delete  
Name: KONIKOV, CHAIM Z  
Address: 17 BARBARA CT.  
City-St-Zip: SATELLITE BEACH, FL 32937

Title: SD                      ( ) Delete  
Name: EZAGUI, PINCHAS  
Address: 5 HIGHLAND OAKS TRAIL  
City-St-Zip: ORMOND BEACH, FL 32174

Title: TD                      ( ) Delete  
Name: KONIKOV, YOSEF  
Address: 6756 TAMARIND CIR.  
City-St-Zip: ORMOND BEACH, FL 32819

**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:

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: PINCHAS EZAGUI

SD

01/25/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date