

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 21, 2009
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

04/21/2009

Electronic Signature of Signing Officer or Director

_____ Date