

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007651

FILED  
May 04, 2010  
Secretary of State

**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 ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

EZAGUI, PINCHAS  
5 HIGHLAND OAKS TRAIL  
ORMOND BEACH, FL 32174    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:**

Title: PD  
Name: DUBOV, SHALOM  
Address: 642 GREEN MEADOW AVE.  
City-St-Zip: MAITLAND, FL 32751

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: PINCHAS EZAGUI

SD

05/04/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date