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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N26741

(1)

RODFEI SHALOM FELLOWSHIP, INC.

WEINER, ETHELIND

FT LAUDERDALE FL

STARR, STUART

TD

320 SE 9 STREET

SIMON, SHERYL

TAMARAC FL

FT. LAUDERDALE FL

7258 SOLANDRA LANE

3200 PORT ROYALE DRIVE

NAME STREET ADDRESS

Title

THE

NAME

THILE

THUE

NAME

Ditty - St - 7iP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY · ST · 71P

City-St-ZiP

Principal Place of Business Mailing Address							
RSF, INC. 8469 W. OAKLI SUNRISE FL 33		8469 W. OAKLAND PARK BLVD SUNRISE FL 33351-7363					
2880 W Oakland Park Blyd. P.O. Box 26			6776	.	3. Date Incorporated or Qualified 06/02/1988	3a. Date of Last Report 02/08/1996	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21 Suite	e 104	26			65-0064489	Not Applicable	
Suite, Apt	#, old Lauderdale, FL	Suite, Apt. #, etc. 27 Tamarac, F	L		5. Certificate of Status Desired	\$8.75 Additional Fee Flequired	
City & Stat	e	City & State			6. Election Campaign Financing	\$5.00 May Be	
23 3331	11	28 33320-6776			Trust Fund Contribution	Added to Fees	
Źip	Country		Country		8. This corporation has liability for it	ntangible tax under s. 199.032.	
24	25	29 30			Florida Statutes	Yes No	
	Name and Address of Currer	nt Registered Agent			10. Name and Address of New Reg	pistered Agent	
SIMON, RABBI NAHUM				Name			
7258 SOLANDRA LANE				82 Street Address (P.O. Box Number is Not Acceptable)			
TAMARAC FL 33321							
IAMARA	40 FL 33321						
			84	City		FL 85 Zip Code	
office or i	to the provisions of Sections 617.050 registered agent, or both, in the State rm familiar with, and accept the oblig	of Florida. Such change was author	rized by	the corpo	orporation submits this statement for the progration's board of directors. I hereby accept	urpose of changing its registered It the appointment as registered	
SIGNATURE	Signistrate typical or printed harve of registered ag-		istered Age	nt signatura re	equired when reinslating)	DATE	
12.					ADDITIONS/CHANGES TO OFFIC		
TITLE] D	DELETE	1.1 TITLE	1	SD	Change 🔀 Addition	
NAME	ME SIMON, NAHUM RABBI 12N		1.2 NAME		COHEN, YITZHAK		
			1.3 STREET	ADDRESS	3928 NW 94TH WAY		
City-St-ZiP	TAMARAC FL 33321		1.4 CITY-S		SUNRISE, FL 33351		
TITLE	n		21 TITLE			Change Addition	

22 NAME

3.1 TITLE

3.2 NAME

41 TITLE

4.2 NAME

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS

6.1 TITLE 6.2 NAME

DELETE

DELETE

DELETE

DELETE

2.3 STREET ADDRESS

3.3 STREET ADDRESS

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

54 CITY-ST-ZIP

6.3 STREET ADDRESS

3.4. CITY - ST - ZIP

2. 4 CITY-ST-ZIP

64 CITY-ST-7IP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 I changed at an an attackment with an address.

SIGNATURE: RABBI

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/20/97 (954)458=0188 Daysme Phone 9 0037868

Change

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FILED

Mar 25 1997 8:00am

Secretary of State