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

DOCUMENT # N49388

1. Entity Name

UNITED ORTHODOX COMMUNITY COUNCIL OF SOUTH FLORIDA, INC.



FILED Apr 25, 2008 08:00 AN Secretary of State

Principal Place of Business

4045 SHERIDAN AVE

#214

Mailing Address

P.O. BOX 402281

MIAMI BEACH, FL 33140-0281 US

MIAMI BEACH, FL 33140



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04182008 No Chg-NP

CR2E037 (4/06)

4. FEI Number 65-0339829

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

5. Name and Address of Current Registered Agent

MOSS, BARRY **4045 SHERIDAN AVE #214**

DO NOT WRITE

| MIAMI BE | ACH, FL 33140 | the second of th | IN THIS SPACE | | | | | | | |
|---------------------------------------|---|--|--|--|--|--|--|--|--|--|
| | named entity submits this statement for the pulons of registered agent. | rpose of changing its registered office or | registered agent, or both | n, in the State of Florida. 1 am fa | amiliar with, and accept | | | | | |
| SIGNATURE. | Signature, typed or printed name of registered agent and title if a | applicable. (NOTE: Registered Agent signatur | e required when reinstating) | DATE | DATE | | | | | |
| - | Filing Fee is \$61.25 Due by May 1, 2008 | 9. Etection Campaign Financing Trust Fund Contribution. □ | \$5.00 May Be Added to Fees | | | | | | | |
| 10. | OFFICERS AND DIRECT | ORS | tor intermediation has | THE PARTY OF THE P | W LANGER | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MOSS, BARRY 4045 SHERIDAN AVE #214 MIAMI BEACH, FL 33140 | | and the second of the second o | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MOSS, JUDITH 4045 SHERIDAN AVE #214 MIAMI BEACH, FL 33140 | | | U000009232 U05/16/09/9002 | 118-1-1 12-004\61-25 | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LAMBERT, SIMEON 141-61 71ST AVE. FLUSHING, NY 11367 | | THE STATE OF PARTY AND A PARTY OF | NOT WRITE | 8, 4, 6, 6, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | IN | THIS SPACE | | | | | | |
| TITLE NAME STREET ADDRESS | | | | | | | | | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Bamu TED NAME OF BIGHING OFFICER OR DIRECTO