

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 8:00 am
Secretary of State

DOCUMENT # N95000006042

1. Entity Name

AMERICAN FRIENDS OF RELIGIOUS FREEDOM IN
ISRAEL - HEMDAT - AFRF, INCORPORATED



02-12-2004 90048 001 ****61.25
02-12-2004 90048 002 *****8.75

Principal Place of Business

Mailing Address

C/O MR. NEWTON PRESS
18 FURBISH AVE.
NEWTON MA 02465
US

C/O MR. NEWTON PRESS
18 FURBISH AVE.
NEWTON MA 02465
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

31-1475367

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required



MOORE

CR2E037 (11/03)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ULLMAN, SAMUEL C
200 S. BISCAYNE BLVD., STE. 4000
MIAMI FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP ☐ Delete
NAME SHUVAL, HILLEL PROF.
STREET ADDRESS C/O N. PRESS, 18 FURBISH AVE.
CITY-ST-ZIP NEWTON MA 02165

TITLE ☐ Change ☒ Addition
NAME *D. Treasurer*
STREET ADDRESS *Newton Press*
CITY-ST-ZIP *18 FURBISH Ave*
W. Newton, MA 02465

TITLE D ☐ Delete
NAME GORDIS, DAVID DR.
STREET ADDRESS 43 HAINES ST.
CITY-ST-ZIP BROOKLINE MA

TITLE ☐ Change ☒ Addition
NAME *SHULA Reinharz*
STREET ADDRESS *66 Beaumont Ave*
CITY-ST-ZIP *Newton, MA 02460*

TITLE DS ☒ Delete
NAME GREEN, DOROTHY U'DR.
STREET ADDRESS 26 MYRTLE ST.
CITY-ST-ZIP BOSTON MA 02130

TITLE ☐ Change ☒ Addition
NAME *Leon Tick*
STREET ADDRESS *202 B Allendale Rd.*
CITY-ST-ZIP *Brookline, MA 02466*

TITLE D ☐ Delete
NAME HIRSCH, RABBI AMI
STREET ADDRESS 838 FIFTH AVE.
CITY-ST-ZIP NEW YORK NY

TITLE ☐ Change ☒ Addition
NAME *ARTHUR OBERMAYER*
STREET ADDRESS *239 Chestnut St*
CITY-ST-ZIP *Newton, MA 02465*

TITLE D ☒ Delete
NAME BENT, MIRIAM
STREET ADDRESS 2440 VIA LAZO
CITY-ST-ZIP PALM SPRINGS CA 92264

TITLE ☐ Change ☒ Addition
NAME *FRANK Fisher*
STREET ADDRESS *130 Mt Auburn St. #508*
CITY-ST-ZIP *CAMBRIDGE, MA 02138*

TITLE D ☐ Delete
NAME PRESS, AIDA
STREET ADDRESS 18 FURBISH
CITY-ST-ZIP WALTHAM MA 02165

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I 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 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: *Newton Press (Newton Press) Treasurer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/04 781-890-0050

Date Daytime Phone #