

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2005 8:00 am
Secretary of State

DOCUMENT # N95000006042

1. Entity Name

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



02-08-2005 90070 001 ****61.25
02-08-2005 90070 002 *****8.75

Principal Place of Business

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

Mailing Address

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

66001330



1st MOORE CR2E037 (10/04)

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

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, 2005

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SHUVAL, HILLEL PROF. C/O N. PRESS, 18 FURBISH AVE. NEWTON MA 02165	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORDIS, DAVID DR. 43 HAINES ST. BROOKLINE MA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PRESS, NEWTON 18 FORBUSH AVE WEST NEWTON MA 02465	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIRSCH, RABBI AMI 838 FIFTH AVE. NEW YORK NY	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REINHARZ, SHULA 66 BEAUMONT AVE NEWTONVILLE MA 02460	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRESS, AIDA 18 FURBISH WALTHAM MA 02165	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Green, Dorothy U., DR 24 MYRTLE ST. JAMAICA PLAIN, MA 02130	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jick, Leon, PROF 202 B ALLENDALE RD. BROOKLINE, MA 02467	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wine, Sherwin, RABBI 28611 W. Twelve Mile Rd. Farmington Hills, MI 48334	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAZAN, Naomi 19 AGASSIZ ST. CAMBRIDGE, MA 02138	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Fisher, Frank, PROF 130 Mt Auburn ST # 508 Cambridge, MA 02138	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OBERMAYER, ARTHUR, DR. 239 Chestnut St. Newton, MA 02465	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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

Date

Daytime Phone #

1/26/05