

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2006 8:00 am
Secretary of State

DOCUMENT # N95000006042

1. Entity Name

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



02-16-2006 90070 001 *****8.75

02-16-2006 90070 002 *****61.25

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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

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

ULLMAN, SAMUEL C *cp BILZIN + SUMBERS*
200 ~~B~~ BISCAYNE BLVD., STE. ~~1000~~ 2500
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name *ULLMAN, SAMUEL C. cp BILZIN + SUMBERS*
Street Address (P.O. Box Number is Not Acceptable)
200 BISCAYNE BLVD, STE 2500
City *Miami* FL Zip Code *33131*

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, 2006

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 DP ☐ Delete
NAME SHUVAL, HILLEL PROF. ✓
STREET ADDRESS C/O N. PRESS, 18 FURBISH AVE.
CITY-ST-ZIP NEWTON MA ~~02405~~ 02465

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

TITLE DT ☐ Delete
NAME PRESS, NEWTON ✓
STREET ADDRESS 18 FORBUSH AVE
CITY-ST-ZIP WEST NEWTON MA 02465

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

TITLE D ☐ Delete
NAME REINHARZ, SHULA ✓ DR.
STREET ADDRESS 66 BEAUMONT AVE
CITY-ST-ZIP NEWTONVILLE MA 02460

TITLE D ☐ Delete
NAME PRESS, AIDA ✓
STREET ADDRESS 18 FURBISH
CITY-ST-ZIP WALTHAM MA ~~02165~~ 02465

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SECRETARY ☐ Change ☒ Addition
NAME *SECRETARY*
STREET ADDRESS *SECRETARY*
CITY-ST-ZIP *SECRETARY*

TITLE DVP ☐ Change ☒ Addition
NAME CHAZAN, NAOMI PROF.
STREET ADDRESS *40 N. PRESS 18 FURBUSH AVE*
CITY-ST-ZIP *NEWTON, MA 02465*

TITLE D ☐ Change ☒ Addition
NAME FISCHER, FRANK PROF
STREET ADDRESS *130 MTAUBURN ST. APT. 508*
CITY-ST-ZIP *CAMBRIDGE, MA 02138*

TITLE D ☐ Change ☒ Addition
NAME OBERMAYER, ARTHUR DR
STREET ADDRESS *239 CHESTNUT ST.*
CITY-ST-ZIP *NEWTON, MA 02465*

TITLE D ☐ Change ☒ Addition
NAME WINE, SHEARWIN RABBI
STREET ADDRESS *28611 WEST 12 MILE ROAD*
CITY-ST-ZIP *FARMINGTON HILLS, MI 48334*

TITLE Sec ☐ Change ☒ Addition
NAME GREEN, DOROTHY DR
STREET ADDRESS *24 MYRTLE ST.*
CITY-ST-ZIP *JAMAICA PLAIN, MA 02130*

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Newton Press, Newton Press, TREAS. 1/26/05 781-890-0050*