## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## N96000002136 (7) DOCUMENT #

18212 CLEARBROOK CIRCLE	18212 CLEARBROOK CIRCLE
Principal Place of Business	Mailing Address

## **FILED** Jun 11 1997 8:00am Secretary of State

NATIO	NAL RABBINIC NETWORK,	INC.					l		
Principal Plac	Mailing Address	ing Address			T INDICATE AND INVITED STATE CLASS NOTICE DATE SENT THE PARTY CORP. TITLE DATE OF THE SENT THE PARTY NAMED TO BE A THIRD TO BE A	łł.			
18212 CLEARBE BOCA RATON (		18212 CLEARBROOK CIRCLE BOCA RATON FL 33498-1945							
				_		3. Date incorporated or Qualified 3a. Date of Last Report 04/16/1996			
2. Principal P	28. Mailing Address	ailing Address			4. FEI Number Applied For	r			
21		26	<del></del>			65-0661997 Not Applica	-		
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc. 27			_		5. Certificate of Status Desired See Required Fee Required	J		
City & Stat	City & State City & State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Zip		Country		8. This corporation has liability for intangible tax under s. 199.032	2,		
24	25	29	30			Florida Statutes Yes No			
	g, Name and Address of Curre	ent Registered Agent				10. Name and Address of New Registered Agent			
RIEMER, RABBI J 18212 CLEARBROOK CIRCLE BOCA RATON FL 33498				81 62 83	82 Street Address (P.O. Box Number is Not Acceptable)				
				84	City	FL 85 Zip Code	_		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am lamiliar with, and accept the obligations of, Section 617.0503, Florida Statutes.									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered						re reguired when re-ns/ating) DATE	_		
12.		ND DIRECTORS		13.	aigriaidie	ADDITIONS/CHANGES 10 OFFICERS AND DIRECTORS IN 12			
TITLE	D	DELETE	E .	1.1 TITLE		☐ Change ☐ Add	ition		
NAME .	RIEMER, RABBI J			1,2 NAME					
STREET ADDRESS	18212 CLEARBROOK CIRCL	RCLE		1.3 STREET ADDRESS					
CITY-ST-ZIP BOCA RATON FL 33498		1	1.4 CITY - ST - ZIP						
TITLE	D	DELETE	E ?	2.1 TITLE		☐ Change ☐ Add	ilion		
NAME	SINGER, RABBI M		] :	2 2 NAME			i		
STREET ADDRESS	333 S.W. 4TH AVENUE			2.3 STAEET	address	·			

CITY-ST-ZIP BOCA HATUN FL 33432 2. 4 CiTY - ST - ZIP ☐ Change DELETE Addition 3.1 TITLE STEINHARDT, RABBI D NAME 3.2 NAME **6261 S.W. 18TH STREET** STREET ADDRESS 3.3 STREET ADDRESS **BOCA RATON FL 33433** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition TITLE 4.1 THILE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 53 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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 if changed, or on an attachment with an address.