

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 10, 2007 08:00 AM
Secretary of State

DOCUMENT # N96000002136

1. Entity Name
NATIONAL RABBINIC NETWORK, INC.



Principal Place of Business
20833 CIPRES WAY
BOCA RATON, FL 33433

Mailing Address
20833 CIPRES WAY
BOCA RATON, FL 33433



07032007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0661997

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RIEMER, RABBI J
20833 CIPRES WAY
BOCA RATON, FL 33433

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IN THIS SPACE**

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 _____

Filing Fee is \$61.25
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000767448
07/10/07-80005-016 61.25

10. OFFICERS AND DIRECTORS

TITLE D
NAME RIEMER, RABBI J
STREET ADDRESS 18212 CLEARBROOK CIRCLE
CITY-ST-ZIP BOCA RATON, FL 33498

TITLE D
NAME SINGER, RABBI M
STREET ADDRESS 333 S.W. 4TH AVENUE
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE D
NAME STEINHARDT, RABBI D
STREET ADDRESS 6261 S.W. 18TH STREET
CITY-ST-ZIP BOCA RATON, FL 33433

TITLE VP
NAME RIEMER, SUE
STREET ADDRESS 18212 CLEARBROOK CIRCLE
CITY-ST-ZIP BOCA RATON, FL 33498

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/13/07 561 883 0736
Date Daytime Phone #