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May 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000005247 (9)

1. Corporation Name

BROWARD BOARD OF RABBIS, INC.



Principal Place of Business

Mailing Address

9101 N.W. 57TH STREET
TAMARAC FL 33351

9101 N.W. 57TH STREET
TAMARAC FL 33351

3. Date Incorporated or Qualified

10/14/1996

4. FEI Number 65-0826555

Applied For

APPLIED FOR

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 10801 Pembroke Rd

26 10801 Pembroke Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Pembroke Pines, FL

28 Pembroke Pines, FL

Zip

Country

Zip

Country

24 33025

25 US

29 33025

30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GLICK, RICHARD I
7737 N. UNIVERSITY DRIVE
SUITE 104
TAMARAC FL 33321

81 Name BENNETT Greenspon

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

10801 Pembroke Rd

83

84 City Pembroke Pines, Florida

FL

85 Zip Code 33025

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 familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

[Signature] BENNETT Greenspon

3/4/98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME LITTMAN, RABBI L
STREET ADDRESS 5151 N.E. 14TH TERRACE
CITY-ST-ZIP FORT LAUDERDALE FL 33334

1.1 TITLE PD
1.2 NAME ~~Bennett~~ Greenspon, Rabbi B
1.3 STREET ADDRESS 10801 Pembroke Rd.
1.4 CITY-ST-ZIP Pembroke Pines, FL 33025

TITLE VD
NAME GREENSPON, RABBI B
STREET ADDRESS 10801 PEMBROKE ROAD
CITY-ST-ZIP PEMBROKE PINES FL 33025

2.1 TITLE V.O
2.2 NAME Seif, Rabbi H
2.3 STREET ADDRESS N/A

TITLE SD
NAME SIMON, RABBI N
STREET ADDRESS 8469 W. OAKLAND PARK BLVD.
CITY-ST-ZIP SUNRISE FL 33351

3.1 TITLE S.O
3.2 NAME Keifer, Rabbi S
3.3 STREET ADDRESS N/A

TITLE TD
NAME SEIF, RABBI H
STREET ADDRESS 4702 N. 37TH STREET
CITY-ST-ZIP HOLLYWOOD FL 33021

4.1 TITLE TD
4.2 NAME Shadok, Rabbi M
4.3 STREET ADDRESS N/A

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0038215

CR2E037 (10/97)