

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000006989

1. Entity Name
RACHEL-ITA OHR SHABBAT, INC.



Principal Place of Business

**22161 LARKSPUR TRAIL
BOCA RATON, FL 33433**

Mailing Address

**22161 LARKSPUR TRAIL
BOCA RATON, FL 33433**



01272005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0881588

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KAMINETZKY, GLORIA K
22161 LARKSPUR TRAIL
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 May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ZEMEL, JUDITH M
STREET ADDRESS 22200 LARKSPUR TRAIL
CITY-ST-ZIP BOCA RATON, FL 33433

TITLE PD
NAME KAMINETZKY, GLORIA L
STREET ADDRESS 22161 LARKSPUR TRAIL
CITY-ST-ZIP BOCA RATON, FL 33433

TITLE VPD
NAME KAMINETZKY, JERRY
STREET ADDRESS 22161 LARKSPUR TRAIL
CITY-ST-ZIP BOCA RATON, FL 33433

TITLE TD
NAME BAND, FRANCES
STREET ADDRESS 7674 CYPRESS CRESCENT
CITY-ST-ZIP BOCA RATON, FL 33433

TITLE TD
NAME BAND, CHANNON
STREET ADDRESS 7674 CYPRESS CRESCENT
CITY-ST-ZIP BOCA RATON, FL 33433

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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U00000203330
01/29/05-80026-013 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

CHANNON BAND

Date

1/27/05 561-367-1654

Daytime Phone #