

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 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**



01102008 No Chg-NP. CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0881588	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**KAMINETZKY, GLORIA K
22161 LARKSPUR TRAIL
BOCA RATON, FL 33433**

**DO NOT WRITE
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, 2008**

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	

000000734227
01/16/08-80046-009 61.25

**DO NOT WRITE
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

Date

Daytime Phone

CHANNON BAND