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May 01, 1999 8:00 am  
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05-01-1999 90058 034 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 701655

1. Corporation Name  
CENTRAL AGENCY FOR JEWISH EDUCATION, INC.

Principal Place of Business  
% SANDY WERTHEIM  
4200 BISCAYNE BLVD.  
MIAMI FL 33137

Mailing Address  
% SANDY WERTHEIM  
4200 BISCAYNE BLVD.  
MIAMI FL 33137



2. Principal Place of Business 2a. Mailing Address 3. Date Incorporated or Qualified 11/10/1960

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 4. FEI Number 59-0624373 Applied For Not Applicable

22 City & State 27 City & State 5. Certificate of Status Desired \$8.75 Additional Fee Required

23 Zip Country 28 Zip Country 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 25 29 30

9. Name and Address of Current Registered Agent  
WERTHEIM, SANDY, R  
4200 BISCAYNE BLVD  
CAJE  
MIAMI FL 33137

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
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 familiar 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 Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENZWEIG, EUGENE	1.2 NAME	
STREET ADDRESS	4520 POST AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH., FL 00000	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYERS, GAIL	2.2 NAME	
STREET ADDRESS	2000 S BAYSHORE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL 33133	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KESSLER, ELLIOT	3.2 NAME	
STREET ADDRESS	211 CAMERON CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33326	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UNGER, JOSEPH	4.2 NAME	
STREET ADDRESS	11380 SW 72ND AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTZ, PHILIP	5.2 NAME	
STREET ADDRESS	175 NW 1ST AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, JOAN M	6.2 NAME	
STREET ADDRESS	2485 MERIDIAN AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	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, with all other like empowered.

SIGNATURE: ~~SIGNATURE REQUIRED~~ 4.26.99 (305) 576-4030  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)