

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 JUL -3 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 723303 (4)

1. Corporation Name

TAMARAC JEWISH CENTER, INC

Principal Place of Business

9101 NW 57 STREET
TAMARAC FL 33351

Mailing Address

9101 NW 57 STREET
TAMARAC FL 33351

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/01/1972

3a. Date of Last Report

04/20/1994

4. FEI Number

59-1405955

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

FILING FEE IS \$61.25

8. Does corporation have liability for franchise tax under s. 109.032, Florida Statutes

Yes No

2. Principal Place of Business

21

State, Apt # etc

22

City & State

23

Zip

Quantity

24

2a. Mailing Address

25

State, Apt # etc

26

City & State

27

Zip

28

Quantity

29

Country

30

9. Name and Address of Current Registered Agent

**PINCHEVSKY, DAVID
5701 W. PINE ISLAND ROAD
TAMARAC FL 33321**

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

I, 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

David Pinchovsky

Signature of registered agent or registered agent and the filer

DATE

6-20-95

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ALBOUKREK, ISAAC
STREET ADDRESS	9101 NW 57TH STREET
CITY, ST, ZIP	TAMARAC FL
TITLE	VD
NAME	PINCHEVSKY, DAVID
STREET ADDRESS	5701 W. PINE ISLAND ROAD
CITY, ST, ZIP	TAMARAC FL
TITLE	TD
NAME	SCHULMAN, SOL
STREET ADDRESS	9101 NW 57TH STREET
CITY, ST, ZIP	TAMARAC, FL 33351
TITLE	VD
NAME	WALDMAN, ARTHUR
STREET ADDRESS	9101 N.W. 57 STREET
CITY, ST, ZIP	TAMARAC FL
TITLE	VD
NAME	EISENBERG, JAY
STREET ADDRESS	9101 N.E. 57THE STREET
CITY, ST, ZIP	TAMARAC FL
TITLE	SD
NAME	KLAWSKY, SHERRY
STREET ADDRESS	9101 N.W. 57TH STREET
CITY, ST, ZIP	TAMARAC FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15 NAME	
16 STREET ADDRESS	
17 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I believe and certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature and name have the same legal effect as if made under oath. 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:

David Pinchovsky
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-20-95

723303

CR2E037 (3/95)