

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

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**

3. Date Incorporated or Qualified: **05/01/1972**
3a. Date of Last Report: **07/03/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-1405955	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Zip	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

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
85	Zip Code

FL

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	SD
NAME	ALBOUKREK, ISAAC	1.2 NAME	Richard Schorr
STREET ADDRESS	9101 NW 57TH STREET	1.3 STREET ADDRESS	9101 NW 37th Street
CITY-ST-ZIP	TAMARAC FL	1.4 CITY-ST-ZIP	Tamarac, FL
	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	PD
TITLE	XD	2.2 NAME	see "David Pinchovsky"
NAME	PINCHEVSKY, DAVID	2.3 STREET ADDRESS	
STREET ADDRESS	5701 W. PINE ISLAND ROAD	2.4 CITY-ST-ZIP	
CITY-ST-ZIP	TAMARAC FL		
	<input type="checkbox"/> DELETE	3.1 TITLE	TD
TITLE	TD	3.2 NAME	Alan Dubrow
NAME	SCHULMAN, SOL	3.3 STREET ADDRESS	9101 NW 57th Street
STREET ADDRESS	9101 NW 57TH STREET	3.4 CITY-ST-ZIP	Tamarac, FL 33351
CITY-ST-ZIP	TAMARAC, FL 33351		
	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	
TITLE	VD	4.2 NAME	
NAME	WALDMAN, ARTHUR	4.3 STREET ADDRESS	
STREET ADDRESS	9101 N.W. 57 STREET	4.4 CITY-ST-ZIP	
CITY-ST-ZIP	TAMARAC FL		
	<input type="checkbox"/> DELETE	5.1 TITLE	
TITLE	VD	5.2 NAME	
NAME	EISENBERG, JAY	5.3 STREET ADDRESS	
STREET ADDRESS	9101 N.E. 57TH STREET	5.4 CITY-ST-ZIP	
CITY-ST-ZIP	TAMARAC FL		
	<input type="checkbox"/> DELETE	6.1 TITLE	VD
TITLE	SDX	6.2 NAME	see "Sherry Klawnsky"
NAME	KLAWSKY, SHERRY	6.3 STREET ADDRESS	
STREET ADDRESS	9101 N.W. 57TH STREET	6.4 CITY-ST-ZIP	
CITY-ST-ZIP	TAMARAC FL		
	<input type="checkbox"/> DELETE		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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]* **4/25/96 9547261913**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)