## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION 'ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Bandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

(4)

FILED
May 28 1998 8:00am
Secretary of State

TAMAF	RAC JEWISH CENTER, INC			E 1860) (1866 (1868 1868 1894 BRIER 1891 BIRLI	
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Principal Plac	e of Business	Mailing Address		r canett eman tiban itens reite Marie ten bibte mibte bibte bibte bibte bibte bibte bibte	
9101 NW 57 STREET 9101 NW 57 STREET			3. Date Incorporated or Qualified		
TAMARAC FL 33351 TAMARAC FL 33351				05/01/1972	
				4. FEI Number Applied For	
				<b>59-1405955</b> Not Applicable	
<b>—</b>	Place of Business	2a. Mailing Address		5. Certificate of Status Desired \$8.75 Additional	
21		26		Fee Required	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be	
City & State		City & State		Trust Fund Contribution Added to Fees	
23		28		7. Is this nonprofit corporation a homeowners association?	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible	
24	25		30	Personal Property Tax due June 30. Yes No	
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registered Agent	
			81 Name	SHERRY KLAWSKY	
EISENBERG, JAY			62 Street A	Address (P.O. Box Number is Not Acceptable)	
D101 NW 57TH ST				9101 NW ST STREET	
TAMARAC FL 3351			83		
			84 City	Tamarac FL 85 Zip Code 33317	
11 Durquant to the provinces of Sections 617 0503 and 617 1509 Floride Statutes			the share named	Tamaracs FL 33337	
office or r	egistered agent, or both, in the State	of Florida. Such change was au	thorized by the corp	d corporation submits this statement for the purpose of changing its registered reporation's board of directors. I hereby accept the appointment as registered	
agent. I am lamiliar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE	Signature, typied or printed name of registered ag	ent and the frapplicable. (NOTE:	Registered Agent signature	re required when reinstating) DATE	
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	' FD	DELETE	1.1 TITLE	VD □X Change □ Addition	
NAME	<b>G</b> ENDAL, MARK		1.2 NAME		
STREET ADDRESS	9101 NW 57TH ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL	671 50000	1.4 CITY - ST - ZIP		
TITLE	<b>TO</b>	X DELETE	2.1 TITLE	TD (Change X) Addition	
NAME	SROKA, PHILIP		2.2 NAME	W. DOUGLAS KAHN	
STREET ADDRESS	9101 NW 57TH ST		2.3 STREET ADDRESS	WI DOGGENS KAMA	
CITY-ST-ZIP TITLE	TAMARAC FL VD	DELETE	2.4 CITY-ST-ZIP	Change Addition	
NAME	DUBROW, ALAN	- v.c.,r	3.2 NAME	La Grange Lat Aubitoti	
STREET ADDRESS	9101 NW 57TH STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC, FL 33351		3.4. CITY-ST-ZIP		
TITLE	PD	☐ DELETE	4.1 TITLE	UD   ☑ Change ☑ Addition	
NAME	ALBOUKREK, ISAAC		4. 2 NAME		
STREET ADDRESS	9101 NW 57TH ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL		4.4 CITY-ST-ZIP		
TITLE	PD	X DELETE	5.1 TITLE	SD Change 1x Addition	
NAME	EISENBERG, JAY		5.2 NAME	KAREN RENZER	
STREET ADDRESS	9101 NW 57TH ST		5.3 STREET ADDRESS	THE PERSON OF TH	
CITY-ST-ZIP	TAMARAC FL		5.4 CITY-ST-ZIP		
TITLE	VD	DELETE	6.1 TITL€	PD	
NAME	KLAWSKY, SHERRY		6.2 NAME		
STREET ADDRESS	9101 N.W. 57TH STREET		6.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL		6.4 CITY-ST-ZIP		

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 eath; 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.

ACU- 721 7110