


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91041 050 ****61.25

DOCUMENT # 723303
1. Entity Name
TAMARAC JEWISH CENTER, INC



Principal Place of Business Mailing Address
**9101 NW 57 STREET
TAMARAC FL 33351** **9101 NW 57 STREET
TAMARAC FL 33351**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent

**RATNER, CAROLE H
9101 NW 57TH ST
TAMARAC FL 33351**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	EISENSMITH, JEFFEREY	
STREET ADDRESS	9101 NW 57 ST.	
CITY-ST-ZIP	TAMARAC FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	KAHN, W DOUGLAS	
STREET ADDRESS	9101 NW 57TH ST	
CITY-ST-ZIP	TAMARAC FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KOBYRNIC, LEONARDO	
STREET ADDRESS	9101 NW 57TH STREET	
CITY-ST-ZIP	TAMARAC FL 33351	
TITLE	V	<input type="checkbox"/> Delete
NAME	SAX, STEVE	
STREET ADDRESS	9101 NW 57TH ST	
CITY-ST-ZIP	TAMARAC FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MONTAG, JACQUELINE	
STREET ADDRESS	9101 NW 57TH ST	
CITY-ST-ZIP	TAMARAC FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ROSE, HOWARD	
STREET ADDRESS	9101 N.W. 57TH STREET	
CITY-ST-ZIP	TAMARAC FL 33351	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EISENSMITH, JEFFREY	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAHN, W. DOUGLAS	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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** *PAPS.* **Date** *1/26/04* **Daytime Phone #** *954-721-7660*