FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 18 AM 6:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # **734392** **(4)**

1. Corporation Name
SUNRISE JEWISH CENTER, INC.

Principal Place of Business	Mailing Address
4099 PINE ISLAND ROAD SUNRISE FL 33351-2314	4099 PINE ISLAND ROAD SUNRISE FL 33351-2314

3. Date Incorporated or Qualified: **11/18/1975**
3a. Date of Last Report: **07/14/1994**
4. FEI Number: **59-1619338** ☐ Applied For ☐ Not Applicable
2. Principal Place of Business (21) / 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) / Zip (29) Country (30)
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 ☑ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MARTIN, LIPNACK
7888 WEST OAKLAND PARK BLVD
SUNRISE FL 33351

10. Name and Address of New Registered Agent

81 Name: Martin Lipnack
82 Street Address (P.O. Box Number is Not Acceptable): 6827 W. Commercial Blvd.
83
84 City: Ft. Lauderdale FL 85 Zip Code: 33319

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	PD	11 TITLE	☐ Change ☐ Addition
NAME	ALTNER, PEARL	12 NAME	
STREET ADDRESS	2751 PINE ISLAND RD., N.	13 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	FLETCHER, BRUCE	22 NAME	
STREET ADDRESS	1965 N.W. 112TH AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPGS. FL	24 CITY-ST-ZIP	
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	WEISS, JULIUS	32 NAME	
STREET ADDRESS	8135 SUNRISE LAKES BLVD	33 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE, FL 00000	34 CITY-ST-ZIP	
TITLE	FS	41 TITLE	☐ Change ☐ Addition
NAME	ORT, IRVING	42 NAME	To. 4/18/15
STREET ADDRESS	8260 SUNRISE LAKES BLVD.	43 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE, FL 00000	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	MANDEL, SYDNEY	52 NAME	
STREET ADDRESS	9350 SUNRISE LAKE BLVD.	53 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	NIEPORENT, MAX	62 NAME	
STREET ADDRESS	9580 SUNRISE LAKES BLVD	63 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	64 CITY-ST-ZIP	

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: Pearl Altner, Pres. 3/29/95 305 741-0275
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0047870