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NONPROFIT CORPORATION ANNUAL REPORT
**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **734392**

1. Corporation Name
**SUNRISE JEWISH CENTER, INC.**

* 154563 90058 50 *

| Principal Place of Business | Mailing Address |
|---|---|
| 4099 PINE ISLAND ROAD<br>SUNRISE FL 33351-2314 | 4099 PINE ISLAND ROAD<br>SUNRISE FL 33351-2314 |

| | | |
|---|---|---|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 | 3. Date Incorporated or Qualifed<br>11/18/1975 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 | 4. FEI Number<br>59-1619338 ☐ Applied For ☐ Not Applicable |
| City & State<br>23 | City & State<br>28 | 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required |
| Zip 24 Country 25 | Zip 29 Country 30 | 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees |

**9. Name and Address of Current Registered Agent**

MARTIN, LIPNACK
6827 W. COMMERCIAL BLVD.
FT. LAUDERDALE FL 33319

**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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PD | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | BROMBERG, DONALD | | 1.2 NAME | | |
| STREET ADDRESS | 10421 NW 31 COURT | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SUNRISE FL 33351 | | 1.4 CITY-ST-ZIP | | |
| TITLE | VD | ☒ DELETE | 2.1 TITLE | VD | ☒ Change ☐ Addition |
| NAME | FLETCHER, BRUCE | | 2.2 NAME | Pearl Altner | |
| STREET ADDRESS | 1965 NW 112 AVENUE | | 2.3 STREET ADDRESS | 2751 Pine Isl. Rd. | |
| CITY-ST-ZIP | CORAL SPRINGS FL | | 2.4 CITY-ST-ZIP | Sunrise, FL 33322 | |
| TITLE | T | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | WEISS, JULIUS | | 3.2 NAME | | |
| STREET ADDRESS | 8135 SUNRISE LAKES BLVD | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SUNRISE, FL 00000 | | 3.4 CITY-ST-ZIP | | |
| TITLE | FS | ☒ DELETE | 4.1 TITLE | FS | ☒ Change ☐ Addition |
| NAME | ORT, IRVING | | 4.2 NAME | Bruce Fletcher | |
| STREET ADDRESS | 8280 SUNRISE LAKES BLVD. | | 4.3 STREET ADDRESS | 1965 NW 112 Avenue | |
| CITY-ST-ZIP | SUNRISE, FL 00000 | | 4.4 CITY-ST-ZIP | Coral Springs, FL 33071 | |
| TITLE | D | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | MANDEL, SYDNEY | | 5.2 NAME | | |
| STREET ADDRESS | 9350 SUNRISE LAKE BLVD. | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SUNRISE FL | | 5.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | NIEPORENT, MAX | | 6.2 NAME | | |
| STREET ADDRESS | 9580 SUNRISE LAKES BLVD | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SUNRISE FL | | 6.4 CITY-ST-ZIP | | |

CR2E037 (11/98)

14. 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 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, with all other like empowered.

**SIGNATURE:** SIGNATURE REQUIRED _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR