FILED
Feb 09, 2004 8:00 am
Secretary of State
02-09-2004 90045 017 ****61.25

54003934

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 734392

1. Entity 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

01072004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. # etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1619338 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARTIN, LIPNACK 6827 W. COMMERCIAL BLVD. FT. LAUDERDALE, FL 33319	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 the registered agent.

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

Filing 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SCOTT, JARVIS 12092 NW 42 STREET SUNRISE, FL 33323	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BERKOWITZ, BRUCE DR 11401 NW 19TH STREET PLANTATION, FL 33323	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Donald Bromberg 10421 N.W. 31 Court Sunrise, FL 33351 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WEISS, JULIUS 8135 SUNRISE LAKES BLVD SUNRISE, FL 00000.	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FS WINDERMAN, MURRAY 9041 NW 10TH COURT PLANTATION, FL 33322	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MANDEL, SYDNEY 9350 SUNRISE LAKE BLVD. SUNRISE, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Abraham Hertzberg 9370 Sunrise Lks. Bvd. Sunrise, FL 33322 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NIEPORENT, MAX 9580 SUNRISE LAKES BLVD SUNRISE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Julius Weiss 1/30/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date