2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# 734392

Entity Name: SUNRISE JEWISH CENTER, INC.

Current Principal Place of Business:

4099 PINE ISLAND ROAD
SUNRISE, FL 333512314

New Principal Place of Business:

Current Mailing Address:

4099 PINE ISLAND ROAD
SUNRISE, FL 333512314

New Mailing Address:

FEI Number: 59-1619338 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	BERGER, DAVID	
Address:	3582 N.W. 91 LANE	
City-St-Zip:	FORT LAUDERDALE, FL 33351	
Title:	VP	( ) Delete
Name:	JACOBS, ORLY	
Address:	7401 N.W. 7TH ST.	
City-St-Zip:	PLANTATION, FL 33317	
Title:	T	( ) Delete
Name:	LEVINE, MARILYNN	
Address:	321 JACARANDA DR.	
City-St-Zip:	PLANTATION, FL 33324	
Title:	FS	( ) Delete
Name:	EISENBERG, BARBARA	
Address:	458 WESTREE LANE	
City-St-Zip:	PLANTATION, FL 33324	
Title:	RS	( ) Delete
Name:	CHESEN, JEFF	
Address:	8255 N.W. 36TH ST.	
City-St-Zip:	PLANTATION, FL 33351	
Title:	CS	( ) Delete
Name:	WINDERMAN, AUDREY	
Address:	9041 N.W. 10TH COURT	
City-St-Zip:	PLANTATION, FL 33322	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID BERGER P 01/06/2009
Electronic Signature of Signing Officer or Director — Date