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 MAY -1 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 737796 (3)

1. Corporation Name

SAMUEL M. AND HELENE SOREF, JEWISH COMMUNITY CENTER, INC.

Principal Place of Business	Mailing Address
6501 W SUNRISE BLVD FT. LAUDERDALE FL 33313	6501 W SUNRISE BLVD FT. LAUDERDALE FL 33313

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/11/1977
3a. Date of Last Report: 04/06/1994
4. FEI Number: 59-1766701 ☐ Applied For ☐ Not Applicable
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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt #, etc 22	Suite, Apt #, etc 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

KOPELOWITZ, HARVEY
750 SE 3RD AVENUE
FT LAUDERDALE FL 33316

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 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	P	1.1 TITLE	P ☒ Change ☐ Addition
NAME	TATZ, STUART I. (FRAN)	1.2 NAME	ENSLEIN, Robert L.
STREET ADDRESS	8456 NW 47 DRIVE	1.3 STREET ADDRESS	9661 N. W. 10th Court
CITY ST ZIP	PLANTATION FL	1.4 CITY ST ZIP	PLANTATION, FL 33322
TITLE	VP	2.1 TITLE	VP ☒ Change ☐ Addition
NAME	ENSLEIN, ROBERT L.	2.2 NAME	SOMMERSTEIN, MARK "N/A"
STREET ADDRESS	9661 NW 10 COURT	2.3 STREET ADDRESS	P.O. Box 1900
CITY ST ZIP	PLANTATION FL	2.4 CITY ST ZIP	FT LAUDERDALE, FL 33302
TITLE	VP	3.1 TITLE	☐ Change ☐ Addition
NAME	FELLER, STEVEN (LOUISE)	3.2 NAME	
STREET ADDRESS	12250NW 5 ST.	3.3 STREET ADDRESS	
CITY ST ZIP	PLANTATION FL	3.4 CITY ST ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	COHEN, KARYN	4.2 NAME	
STREET ADDRESS	9540 N.W. 13 STREET	4.3 STREET ADDRESS	
CITY ST ZIP	PLANTATION FL	4.4 CITY ST ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	GIMBEL, MICHAEL	5.2 NAME	
STREET ADDRESS	431 W. LAKE DASHA DRIVE	5.3 STREET ADDRESS	
CITY ST ZIP	PLANTATION FL	5.4 CITY ST ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	GOODMAN, BARBARA	6.2 NAME	
STREET ADDRESS	301 HOLLY LANE	6.3 STREET ADDRESS	
CITY ST ZIP	PLANTATION FL	6.4 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: [signature] PRESIDENT 4/25/95 792-6700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0046331