2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State
02-10-2004 90034 049 ****70.00

DOCUMENT # 737796

1. Entity 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

MOORE CR2E037 (11/03)

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 59-1766701 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LITOW, LAURANCE S
350 E LAS OLAS BLVD
STE 1250
FORT LAUDERDALE FL 33301

S/B 'L'

7. Name and Address of New Registered Agent

Name: Litow, Laurence S
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 registered agent.

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

FILE NOW: 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	D SOMERSTEIN, MARK 200 E BROWARD BLVD 15TH FLOOR FT LAUDERDALE FL 33301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SCHWARTV, SHARON 10040 NW 14 ST PLANTATION FL 33322	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FELLER, STEVEN (LOUISE) 12250NW 5 ST. PLANTATION FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DISHOWITZ, JEANNE 9160 NW 17TH STREET PLANTATION FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/T JOE BERKOVITS 8211 W. BROWARD BLVD #340 FT. LAUDERDALE FL 33324 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GIMBEL, MICHAEL 431 W. LAKE DASHA DRIVE PLANTATION FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/VP ALAN MARKS 201 SE 6th ST #525 Ft. LAUDERDALE FL 33301 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP COHEN, WENDY 10108 S W 1ST COURT PLANTATION 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: _____ 1/22/04 954-792-6700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #