


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2007 8:00 am**  
**Secretary of State**

01-18-2007 90105 033 \*\*\*\*61.25

**DOCUMENT # 756975**

1. Entity Name  
**JEWISH COMMUNITY CENTERS OF SOUTH BROWARD, INC.**



Principal Place of Business  
**5850 S PINE ISLAND RD  
 DAVIE, FL 33328**

Mailing Address  
**5850 S PINE ISLAND RD  
 DAVIE, FL 33328**

**60002572**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01032007 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number  
**59-2075982**

Applied For  
 Not Applicable

City & State

Zip Country

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

5. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILEN, BARRY  
 4601 SHERIDAN ST  
 STE 208  
 HOLLYWOOD, FL 33021**

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 registered agent.

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

**Filing Fee is \$61.25  
 Due by May 1, 2007**

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 **VD**  Delete  
 NAME **DROBNER, JUDI**  
 STREET ADDRESS **13836 NW 21ST STREET**  
 CITY-ST-ZIP **PEMBROKE PINES, FL 33028**

TITLE **TD**  Change  Addition

TITLE **VPD**  Delete  
 NAME **KASS, SUSAN**  
 STREET ADDRESS **11711 N. ISLAND RD.**  
 CITY-ST-ZIP **COOPER CITY, FL 33026**

TITLE **PD**  Change  Addition  
 NAME **ANNE SOPSHIN**  
 STREET ADDRESS **10093 S. LAKE VISTA CIRCLE**  
 CITY-ST-ZIP **DAVIE FL 33328**

TITLE **PD**  Delete  
 NAME **KONHAUZER, CRAIG**  
 STREET ADDRESS **3704 STARBOARD AVE**  
 CITY-ST-ZIP **HOLLYWOOD, FL 33026**

TITLE **D**  Change  Addition

TITLE **VPD**  Delete  
 NAME **FELDMAN, BERNIE**  
 STREET ADDRESS **804 ST ANDREWS RD**  
 CITY-ST-ZIP **HOLLYWOOD, FL 33021**

TITLE **D**  Change  Addition

TITLE **TD**  Delete  
 NAME **WEITZ, EUGENE M**  
 STREET ADDRESS **5276 SW 34TH BAY**  
 CITY-ST-ZIP **HOLLYWOOD, FL 33312**

TITLE **D**  Change  Addition

TITLE **SD**  Delete  
 NAME **SUID, SUSAN**  
 STREET ADDRESS **5820 CASTLE LANE AV**  
 CITY-ST-ZIP **DAVIE, FL 33331**

TITLE **D**  Change  Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Anne Sopshin President 1/4/06 954-817-0510  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ANNE SOPSHIN

ATTACHMENT

60002572

# 756975

VPD  
GREG LEWEN  
5261 N 37 STREET  
HOLLYWOOD, FL 33021

VPD  
LYNN BELL  
2070C S.W. 90 AVE  
DAVIE, FL 33324

VPD  
SCOTT SHEPARD  
3457 BIMINI AVE  
COOPER CITY, FL 33026

VPD  
AMY ROSENBERG  
3631 OTTAWA LANE  
COOPER CITY, FL 33026

SD  
DIANE WILEN  
4806 ARTHUR STREET  
HOLLYWOOD, FL 33021