


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000002167

1. Entity Name
THE ROSE AND JACK ORLOFF CENTRAL AGENCY FOR JEWISH EDUCATION OF BROWARD COUNTY, INC.



Principal Place of Business Mailing Address

**5890 SOUTH PINE ISLAND RD.
 DAVIE, FL 33328** **5890 SOUTH PINE ISLAND RD.
 DAVIE, FL 33328**

DO NOT WRITE IN THIS SPACE



04072005 No Chg-NP CR2E037 (10/03)

4. FEI Number
03-0429765 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**COHN, ALAN B ESQ
 2021 TYLER STREET
 HOLLYWOOD, FL 33020**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BERZOFSKY, CARYL
STREET ADDRESS	1000 ST CHARLES PL.
CITY-ST-ZIP	PEMBROKE PINES, FL 33026
TITLE	D
NAME	GOBER, FRANK DR.
STREET ADDRESS	9500 NW 44TH PLACE
CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE	D
NAME	BAKER, CHARLOTTE
STREET ADDRESS	3821 ENVIRON BLVD
CITY-ST-ZIP	LAUDERHILL, FL 33319
TITLE	D
NAME	SHER, TOVA
STREET ADDRESS	3730 N. 32 TERR.
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	D
NAME	COHN, ALAN
STREET ADDRESS	8800 N LAKE DASHS DRIVE
CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	D
NAME	BERZOFSKY, SEYMOUR
STREET ADDRESS	1000 ST. CHARLES PL 504
CITY-ST-ZIP	PEMBROKE PINES, FL 33026

000000315513
 04/19/05-80037-023 61.25

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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: _____ Date: 4/14/05 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR