

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Mar 27, 2009  
Secretary of State

DOCUMENT# N02000002167

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

**Current Principal Place of Business:**

5890 SOUTH PINE ISLAND ROAD  
DAVIE, FL 33328

**New Principal Place of Business:**

**Current Mailing Address:**

5890 SOUTH PINE ISLAND ROAD  
DAVIE, FL 33328

**New Mailing Address:**

FEI Number: 03-0429765      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COHN, ALAN B ESQ  
100 WEST CYPRESS CREEK ROAD  
SUITE 700  
FT. LAUDERDALE, FL 33309 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: COHN, ALAN B ESQ  
Address: 100 WEST CYPRESS CREEK ROAD  
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: VP ( ) Delete  
Name: EPSTEIN, STUART  
Address: 5890 SOUTH PINE ISLAND ROAD  
City-St-Zip: DAVIE, FL 33328

Title: S ( ) Delete  
Name: BLATTNER, ANNE  
Address: 5890 SOUTH PINE ISLAND ROAD  
City-St-Zip: DAVIE, FL 33328

Title: T ( ) Delete  
Name: BERZOFSKY, SEYMOUR  
Address: 5890 SOUTH PINE ISLAND ROAD  
City-St-Zip: DAVIE, FL 33328

Title: VP ( ) Delete  
Name: KRANE, STUART  
Address: 5890 SOUTH PINE ISLAND ROAD  
City-St-Zip: DAVIE, FL 33328

Title: VP ( ) Delete  
Name: GOLDSTEIN, MAURICE  
Address: 5890 SOUTH PINE ISLAND ROAD  
City-St-Zip: DAVIE, FL 33328

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: EPSTEIN, STUART A  
Address: 5890 S. PINE ISLAND ROAD  
City-St-Zip: DAVIE, FL 33328

Title: VP (X) Change ( ) Addition  
Name: DRUSS, WANDY  
Address: 5890 SOUTH PINE ISLAND ROAD  
City-St-Zip: DAVIE, FL 33328

Title: S (X) Change ( ) Addition  
Name: WIENER, JUDY  
Address: 5890 SOUTH PINE ISLAND ROAD  
City-St-Zip: DAVIE, FL 33328

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: SEYMOUR BERZOFSKY

T

03/27/2009

Electronic Signature of Signing Officer or Director

Date