

**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 10:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N09822** (0)

1. Corporation Name

**CENTURY PINES JEWISH CENTER, A NONPROFIT CORPORATION**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
13400 SW 10TH ST ADMINISTRATIVE BLDG OF CENTURY VILLAGE  
PEMBROKE PINES FL 33027-8833 13400 SW 10TH ST  
ADMINISTRATIVE BLDG OF CENTURY VILLAGE  
PEMBROKE PINES FL 33027-8833

3. Date incorporated or Qualified **06/18/1985** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **59-2545126** Applied For Not Applicable

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

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

9. Name and Address of Current Registered Agent  
**COHEN, RALPH S.  
1401 SW 134TH WAY APT 105C  
PEMBROKE PINES FL 33027**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
T NAME: <b>CHERLOW, CARL</b> STREET ADDRESS: <b>13355 SW 9TH CT KH317</b> CITY-ST-ZIP: <b>PEMBROKE PINES FL</b>	<b>D</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
C NAME: <b>COHEN, RALPH S.</b> STREET ADDRESS: <b>1401 SW 134 WAY C105</b> CITY-ST-ZIP: <b>PEMBROKE PINES FL</b>	<b>D</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD NAME: <b>WEISS, NATHAN</b> STREET ADDRESS: <b>12750 SW 4TH COURT</b> CITY-ST-ZIP: <b>PEMBROKE PINES FL</b>	<b>D</b>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
V NAME: <b>LEVINE, HERMAN</b> STREET ADDRESS: <b>12750 SW 4TH COURT</b> CITY-ST-ZIP: <b>PEMBROKE PINES FL</b>	<b>D</b>	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Nathan H. Weiss 4/20/95  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR