

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N09822** (0)

1. Corporation Name

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



Principal Place of Business <b>13400 SW 10TH ST ADMINISTRATIVE BLDG OF CENTURY VILLAGE PEMBROKE PINES FL 33027-8833</b>	Mailing Address <b>13400 SW 10TH ST ADMINISTRATIVE BLDG OF CENTURY VILLAGE PEMBROKE PINES FL 33027-8833</b>
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3. Date Incorporated or Qualified <b>06/18/1985</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEI Number <b>59-2545126</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

**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 <b>Weiss, Nathan H.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>12750 SW 4 Ct, #J-315</b>
83
84 City <b>Pembroke Pines</b>
85 Zip Code <b>FL 33027</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **3/25/96**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when re-registering.)

**12. OFFICERS AND DIRECTORS**

TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>CHERLOW, CARL</b>	
STREET ADDRESS	<b>13355 SW 9TH CT KH317</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL</b>	
TITLE	<b>CD</b>	<input type="checkbox"/> DELETE
NAME	<b>COHEN, RALPH S.</b>	
STREET ADDRESS	<b>1401 SW 134 WAY C105</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL</b>	
TITLE	<b>PDD</b>	<input type="checkbox"/> DELETE
NAME	<b>WEISS, NATHAN</b>	
STREET ADDRESS	<b>12750 SW 4TH COURT</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>LEVINE, HERMAN</b>	
STREET ADDRESS	<b>12750 SW 4TH COURT</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *[Signature]* DATE: **3/25/96**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)