

FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 18 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N09822 (0)
 1. Corporation Name
CENTURY PINES JEWISH CENTER, A NONPROFIT CORPORATION



Principal Place of Business 13400 SW 10TH ST ADMINISTRATIVE BLDG OF CENTURY VILLAGE PEMBROKE PINES FL 33027-8833	Mailing Address 13400 SW 10TH ST ADMINISTRATIVE BLDG OF CENTURY VILLAGE PEMBROKE PINES FL 33027-1833
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/18/1985	3a. Date of Last Report 04/03/1996
21	26	4. FEI Number 59-2545126		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		29		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent WEISS, NATHAN H 12750 SW 4 CT. #J-315 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			
				85 Zip Code		FL	

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: *Nathan H. Weiss* DATE: *4/14/97*
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHERLOW, CARL	1.2 NAME	LEFKOWITZ, PHILLIP
STREET ADDRESS	13355 SW 9TH CT KH317	1.3 STREET ADDRESS	901 SW 123th AVE., B E 405
CITY-ST-ZIP	PEMBROKE PINES FL	1.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33027
TITLE	CD <input type="checkbox"/> DELETE	2.1 TITLE	FSD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COHEN, RALPH S.	2.2 NAME	BROD, LORRAINE
STREET ADDRESS	1401 SW 134 WAY C105	2.3 STREET ADDRESS	1200 SW 130th AVENUE, H-3 304
CITY-ST-ZIP	PEMBROKE PINES FL	2.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33027
TITLE	PDD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISS, NATHAN	3.2 NAME	
STREET ADDRESS	12750 SW 4TH COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVINE, HERMAN	4.2 NAME	
STREET ADDRESS	12750 SW 4TH COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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* DATE: *4/14/97*
Signature typed or printed name of signing officer or director Daytime Phone # **0024040**

CR2E037 (9/96)