1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # N09822**

1. Corporation Name

## CENTURY PINES JEWISH CENTER, A NONPROFIT CORPORA

Principal Place of Business 13400 SW 10TH ST ADMINISTRATIVE BLDG OF CENTURY VILLAGE Mailing Address

13400 SW 10TH ST ADMINISTRATIVE BLDG OF CENTURY VILLAGE

## Mar 14, 1999 8:00 am § Secretary of State

03-14-1999 90001 036 \*\*\*\*61.25



PEMBROKE P	NES FL 33027-8833	PEMBROKE PINES FL 33027-	8833				**************************************	(, =(=()	
2. Principal F	Place of Business	2a. Mailing Address				3. Date Incorporated or Qualifed 06/18/1985			
Suite, Apt	# etc.	Suite, Apt. #, etc.				4. FEI Number	Api	plied For	
22	,	27	27			59-2545126	No	t Applicable	
City &-Sta	to	City & State				is the transfer of the control of th	\$8.75.A	dditional -	
23		28	<u> </u>			Certificate of Status Desired     Fee Required			
Zip	Country	Zip	Zip Country			6. Election Campaign Financing \$5.00 May Be			
24	25	29 30	0			Trust Fund Contribution	. Added t	o Fees	
<del></del>	9. Name and Address of Current	Registered Agent				10. Name and Address of New Register	ed Agent		
			8	1 Name					
COHEN.	RALPH S		8	2 Street	Addres	ss (P.O. Box Number is Not Acceptable)	·		
	134 WAY C105		Į"	- Ollege	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	SS (1 .S. BOX (Millios) is that therefore so,			i
	KE PINES FL 33027		8	3			<u>-</u>		
LINDIGO	AL TIMES TE GOOZI		-	1 00			85 Zip C	`ode	
			8	4 City		F		,oue	
11. Pursuan	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes,	the abo	ve-named	corpor	ration submits this statement for the purpose	of changing its	registered	
office or	registered agent, or both, in the State o am familiar with, and accept the obligati	f Florida. Such change was autr	iorizea d	y the corp	oration	i's board of directors. I hereby accept the ap	pointment as re	gistered	
SIGNATURE		ANOTE: D	naistared A	ant sissatura	rocuired u	when reinstating) DATE			. :
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	Jent Signature	18Quiled ii	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12	. :
TITLE	TD	DELETE	1.1 TITLE	:	T		Change	☐ Addition	
NAME	PANCERMAN, MAX	_	1.2 NAMI						
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	PEMBROKE PINES FL 33027	L L		ST-ZIP					. ;
CITY-ST-ZIP TITLE	PDD PDD	DELETE	2.1 TITLE		<del> </del>		☐ Change	Addition	, !
	COHEN, RALPH S.	22 N				•		. ,	į
NAME	4404 OHI 404 HIAV CADE				,				i
STREET ADDRESS	1			2.3 STREET ADORESS 2.4 CITY-ST-ZIP					
CITY-ST-ZIP	PEMBROKE PINES FL	☐ DELETE	3.1 TITLE		+		_ Change	Addition	ĺ
TMLE	CD WEISS, NATHAN		3.1 TITLE		- ^				
NAME 					.				l
STREET ADDRESS	1			ET ADDRESS	<u>'</u>	· ·			
CITY-ST-ZIP	PEMBROKE PINES FL.		3.4. CITY				Change	Addition	ĺ
TITLE	VD	☐ DELETE	4.1 TITLE				Orlange		ļ
NAME	LEFKOWITZ, PHILLIP		4. 2 NAM			•			1
STREET ADDRESS			4.3 STRE	ET ADDRESS	6			Ï	
CITY-ST-ZIP	PEMBROKE PINES FL 33027		4.4 CITY		↓—		Change	Addition	
TITLE	FSD	☐ DELETE	5.1 TITLE				Change	☐! Wuddoon	
NAME	BROD, LORRAINE		5.2 NAM					,	
STREET ADDRESS				ET ADDRESS	·				ı
CITY-ST-ZIP	PEMBROKE PINES FL 33027		5.4 CITY		↓	· · · · · · · · · · · · · · · · · · ·		T Addis-	
TITLE		☐ DELETE	6.1 TITLE			:	☐ Change	Addition	
NAME			6.2 NAM						٠
STREET ADDRESS	3		6.3 STR	EET ADDRESS	5)				ĺ

14. 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 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, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP