

FILED

04 FEB -5 AM 8:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # NC9822

1. Entity Name
CENTURY PINES JEWISH CENTER, A NONPROFIT CORPORATION



Principal Place of Business
1200 S.W. 136TH AVE
PEMBROKE PINES, FL 33027-8833

Mailing Address
1200 S.W. 136TH AVE
PEMBROKE PINES, FL 33027-8833



2. Principal Place of Business
1200 SW 136 Ave
Pembroke Pines
FL

3. Mailing Address
1200 SW 136 Ave
Pembroke Pines
FL

01162004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2545126 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

Zip 33027 Country USA Zip 33027 Country USA

6. Name and Address of Current Registered Agent

COHEN, RALPH S
1401 SW 134 WAY C105
PEMBROKE PINES, FL 33027

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*

DATE 1/19/04

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	BROD, LURRAINE	<input type="checkbox"/> Delete
STREET ADDRESS	1200 SW 130 AVE G304	
CITY-ST-ZIP	PEMBROKE PINES, FL 33027	
TITLE NAME	VPDD COHEN, RALPH S.	<input type="checkbox"/> Delete
STREET ADDRESS	1401 SW 134 WAY C105	
CITY-ST-ZIP	PEMBROKE PINES, FL	
TITLE NAME	CD WEISS, NATHAN	<input type="checkbox"/> Delete
STREET ADDRESS	12750 SW 4TH COURT	
CITY-ST-ZIP	PEMBROKE PINES, FL	
TITLE NAME	FSD BERG, EVA	<input type="checkbox"/> Delete
STREET ADDRESS	1300 SW 170 AVE #213	
CITY-ST-ZIP	PEMBROKE PINES, FL 33027	
TITLE NAME	2VPD BRAUN, MICHAEL	<input type="checkbox"/> Delete
STREET ADDRESS	12650 S.W. 15TH STREET, F01	
CITY-ST-ZIP	PEMBROKE PINES, FL 33027	
TITLE NAME	VPD Bernard Ehrenreich	<input type="checkbox"/> Delete
STREET ADDRESS	500 SW 130 Ave	
CITY-ST-ZIP	PEMBROKE PINES, FL 33027	

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP	900027442919	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP	01/22/04--01076--002 ***61.25	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* Treasurer 1/19/04

Lorraine Brod Treasurer