
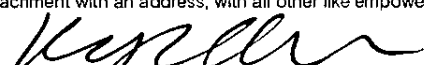


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90028 017 ****61.25

DOCUMENT # N09822			
1. Entity Name CENTURY PINES JEWISH CENTER, A NONPROFIT CORPORATION			
Principal Place of Business 1200 S.W. 136TH AVE PEMBROKE PINES FL 33027		Mailing Address 1200 S.W. 136TH AVE PEMBROKE PINES FL 33027	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
Country		Country	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW: FEE IS \$61.25 Due By: May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 STREET ADDRESS CITY-ST-ZIP	T BROD, LURRAINE 1200 SW 130 AVE G304 PEMBROKE PINES FL 33027 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VPD BROD LORRAINE 1200 SW 130 AVE G304 PEMBROKE PINES, FL 33027 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDD COHEN, RALPH S. 1401 SW 134 WAY C105 PEMBROKE PINES FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD WEISS, NATHAN 12750 SW 4TH COURT PEMBROKE PINES FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FSD BERG, EVA 1300 SW 170 AVE #213 PEMBROKE PINES FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPD BRAUN, MICHAEL 12650 S.W. 15TH STREET, F01 PEMBROKE PINES FL 33027 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPD FREEDMAN, GEORGE 10015 W 141 AVE 1K 301 PEMBROKE PINES, FL 33027 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VPD EHRENNEICH, BERNARD 500 SW 130 TERR PEMBROKE PINES FL 33027 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HAHN, LUDWIG 801 SW 133 TER 1K 213 PEMBROKE PINES, FL 33027 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: 		RALPH S. COHEN 1/20/05 (954) 431-3300	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

50007634



1st MOORE CR2E037 (10/04)

4. FEI Number **59-2545126** Applied For Not Applicable

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