


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90044 050 ****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: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.
City & State: _____
Zip: _____ Country: _____

1st MOORE CR2E037 (10/05)
4. FEI Number: 59-2545126
5. Certificate of Status Desired \$8.75 Additional Fee Required

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: 1/26/06
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW - FEE IS \$61.25
Due By May 1, 2006

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

TITLE	1VD	<input type="checkbox"/> Delete
NAME	BROD, LURRAINE	
STREET ADDRESS	1200 SW 130 AVE G304	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	
TITLE	PDD	<input type="checkbox"/> Delete
NAME	COHEN, RALPH S.	
STREET ADDRESS	1401 SW 134 WAY C105	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	CD	<input type="checkbox"/> Delete
NAME	WEISS, NATHAN	
STREET ADDRESS	12750 SW 4TH COURT	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	FSD	<input type="checkbox"/> Delete
NAME	BERG, EVA	
STREET ADDRESS	1300 SW 170 AVE #213	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	
TITLE	2VD	<input checked="" type="checkbox"/> Delete
NAME	FREEDMAN, GEORGE	
STREET ADDRESS	1001 SOUTHWEST 141 AVENUE K301	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HAHN, LUDWIG	
STREET ADDRESS	801 SOUTHWEST 133 TERRACE K213	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	2VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOL LANDES	
STREET ADDRESS	550 SW 137 AVE L 408	
CITY-ST-ZIP	PEMBROKE PINES, FL 33027	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *LUDWIG HAHN, TREASURER*