

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N43579 (4)**  
1. Corporation Name  
**PARKLAND JEWISH CENTER, INC.**



Principal Place of Business Mailing Address  
**2801 UNIVERSITY DRIVE. #205**  
**CORAL SPRINGS FL 33065**

3. Date Incorporated or Qualified **05/24/1991** 3a. Date of Last Report **09/21/1995**  
4. FEI Number **65-0291376** Applied For ☐ Not Applicable ☐  
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Zip Country  
24 25 29 30

## 9. Name and Address of Current Registered Agent

**SCHWARTZ, JAY A**  
**PERSHES & SCHWARTZ**  
**2801 UNIVERSITY DRIVE, SUITE 205**  
**CORAL SPRINGS FL 33065**

## 10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

## 12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>GOLDBERG, BENJAMIN</b>	
STREET ADDRESS	<b>6010 NW 81ST TERRACE</b>	
CITY-ST-ZIP	<b>PARKLAND FL</b>	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	<b>STERN, CINDY</b>	
STREET ADDRESS	<b>7504 APPALACHIAN LANE</b>	
CITY-ST-ZIP	<b>PARKLAND FL</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>MARKS, CAROLYN</b>	
STREET ADDRESS	<b>7121 E CYPRESSHEAD DRIVE</b>	
CITY-ST-ZIP	<b>PARKLAND FL</b>	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	<b>LEEMAN, MINDY</b>	
STREET ADDRESS	<b>4888 NW 100TH TERRACE</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL</b>	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	<b>TURRETT, JESS</b>	
STREET ADDRESS	<b>11104 NW 18TH COURT</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>VD MINDY LEEMAN</b>
2.3 STREET ADDRESS	<b>4888 NW 100TH TER</b>
2.4 CITY-ST-ZIP	<b>CORAL SPRINGS FL 33076</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>SD KAREN BURKS</b>
4.3 STREET ADDRESS	<b>3688 NW 112TH AVE</b>
4.4 CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33071</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Benjamin Goldberg BENJAMIN GOLDBERG 2-5-96 305 346 7878**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)