## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N43579

(4)

1. Corporation Name												
PARKLAND JEWISH CENTER, INC.												
, , , , , ,	·•										EM BIEN BIEN EN	
Discipal Bloom & Outland					Mailing Address							
Principal Place of Business					Mailing Address							
2801 UNIVERSITY DRIVE, #205 CORAL SPRINGS FL 33065					2801 UNIVERSITY DRIVE. #205 CORAL SPRINGS FL 33065-5053							
05/1/2 07 1/1/05 / 2 05000									3. Date Incorporated or Qualified	I as D	ate of Last Re	nod
									05/24/1991	Jan. D	02/09/199	
2. Principal P	lace of Busin	ess		2a.	2a. Mailing Address				4. FEI Number		Ap	plied For
21 7400 Wiles Road					26				65-0291376			t Applicable
Suite, Apt. #, etc. 22 Suite 106					Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A		
22   Suite 106   City & State					City & State			6. Election Campaign Financing		\$5.00		
23 Coral Springs, FL					28				Trust Fund Contribution		Added t	
Zip	7 Country 25 USA				Zip Co				8. This corporation has liability for	_ ~	_	199.032,
24 33067 25 USA 9. Name and Address of Current I					29 30 Registered Agent				Florida Statutes L  10. Name and Address of New Re		∐ No Agent	
B. THERE AND PARTOE OF PARTOE (10 Black) on White							1	Name				
SCHWARTZ, JAY A						8	2	Street Addre	ess (P.O. Box Number is Not Acceptal	olei		
PERSHES & SCHWARTZ												
2801 UNIVERSITY DRIVE, SUITE 205 CORAL SPRINGS FL 33065												
COHAL			84	4	City		FL	85 Zip (	Code			
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes office or registered agent, or both, in the State of Florida. Such change was aut							ve-l	named corporation	oration submits this statement for the pon's board of directors. I hereby acce	ourpose o	of changing its	s registered
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida								nie eerpeian	on a bodile of directors. Thereby beco-	pi inio ap	pointinont da	rogratorou
SIGNATURE	Slonature typed	or printe	ad name of registried a	oect and title	il applicable (NO	TF Registered A	neni	signatura require	90 when reinstating)	DATE		
12.	Signature, typed or printed name of registored ager OFFICERS AND								ADDITIONS/CHANGES TO OFFI		D DIRECTOR	S IN 12
TITLE	PD	-			☐ DELETE						Change	Addition
NAME	GOLDBERG, BENJAMIN				1.2			ļ				
STREET ADDRESS	DADIVI AND EL							DORESS				
CITY-ST-ZIP	PARKLAND FL VD				DELETE	_	1.4 CITY-ST-ZIP 2.1 TITLE				Change	Addition
TITLE	(	I MIN	IDY		C Detter		21 IIILE 22 NAME				Unange Land	L. Accident
STREET ADDRESS	LEEMAN, MINDY 4888 NW 100TH TERRACE					2.3 STRE	_	nnesss				
CITY-ST-ZIP	CODAL CODINION EL							-ZIP				
TITLE	VD				DELETE	3.1 TITLE					Change	Addition
NAME	MARKS,	CAR	OLYN			3.2 NAME	Ę					
STREET ADDRESS	7121 E (	CYPR	ESSHEAD DRIV	Æ				DDRESS				
CITY-ST-ZIP	PARKLA	ND F	<u>L</u>			3.4. CITY	-81	- ZIP				
TITLE	SD				DELETE	4.1 TITLE					Change	Addition
NAME	BURKS,					4. 2 NAM	ΙE	ĺ				
STREET ADDRESS	CODAL CODINGO FI				4.3 STREET ADDRESS			ł				
CITY-ST-ZIP		SPHII	NGS FL		/ DELETE	4.4 CITY		ZIP	<u></u>		Channe	Addiso
TITLE	TD	T45	<u> </u>	501	☐ DELETE	5.1 TITLE		ŀ		•	Change	Addition
STAMO STREET ADDRESS 11104 NW 10TH COURT 97 88 NW 5						5.2 NAMI		DODEEC				
STREET ADDRESS	GORAL.		AGG EI	710	r NW 5 TC			\ \				
CITY - ST - ZIP	GUNAL	or nii	TOO I L		DELETE	5.4 CITY- 6.1 TITLE		LIF			Change	Addition
NAME						6.2 NAMI		1			with	
STREET ADDRESS						63 STRE		DDRESS				
CITY-ST-ZIP						6.4 CiTY		ì				

14. I do hereby certify that the information supplied with this filling 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.

**SIGNATURE** 

DENGUNCO COLLEGE EN LA PRINTED NAME OF SIGNING OFFICER OR PRINTED NAME OF SIGNING

1-10-97

954-3467676

**FILED** 

Jan 28 1997 8:00am

Secretary of State