

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 JAN 19 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N43579

1. Corporation Name

PARKLAND JEWISH CENTER, INC.

Principal Place of Business

7400 WILES ROAD
SUITE 106
CORAL SPRINGS FL 33067
US

Mailing Address

2801 UNIVERSITY DRIVE, #205
CORAL SPRINGS FL 33065



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26	7400 Wiles Rd.		05/24/1991
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27	Suite 106	65-0291376	Applied For
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28	Coral Springs FL		\$8.75 Additional Fee Required
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29	33067	30	\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
TALENFELD, HOWARD M COLONDY, FASS & TALENFELD, P.A. 2000 W. COMMERCIAL BLVD, STE 232 FT LAUDERDALE FL 33309				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City		85
					FL		

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RUBIN, LOIS			1.2 NAME	200002755432--0		
STREET ADDRESS	7566 N.W. 47TH DRIVE			1.3 STREET ADDRESS	-01/26/99-01073--004		
CITY-ST-ZIP	CORAL SPRINGS FL 33067			1.4 CITY-ST-ZIP	*****61.25 *****61.25		
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LEEMAN, MINDY			2.2 NAME	Vice President		
STREET ADDRESS	4888 NW 100TH TERRACE			2.3 STREET ADDRESS	Scott A. Oxman		
CITY-ST-ZIP	CORAL SPRINGS FL			2.4 CITY-ST-ZIP	8888 NW 47th Drive Coral Springs FL 33067		
TITLE	VD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MARKS, CAROLYN			3.2 NAME			
STREET ADDRESS	7121 E CYPRESSHEAD DRIVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	PARKLAND FL			3.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BURKS, KAREN			4.2 NAME	Secretary		
STREET ADDRESS	368 NW 112TH AVENUE			4.3 STREET ADDRESS	Fran Hurwitz		
CITY-ST-ZIP	CORAL SPRINGS FL			4.4 CITY-ST-ZIP	5504 NW 77th Terrace Coral Springs FL 33067		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME				5.2 NAME	Treasurer		
STREET ADDRESS				5.3 STREET ADDRESS	Kenneth Hejib		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	6150 NW 77th Court Parkland FL 33067		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS	B 1/20/99		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	99AR		

14. 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 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, with all other like empowered.

SIGNATURE: *Lois Rubin* **ADDITIONAL SIGNATURE REQUIRED** 1/20/99 954 755 0037

0022396 CR2E037 (11/98)