

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90029 041 ****61.25

DOCUMENT # N43579

1. Entity Name
 PARKLAND JEWISH CENTER, INC.



Principal Place of Business
 6750 UNIVERSITY DR
 PARKLAND, FL 33067 US

Mailing Address
 6750 UNIVERSITY DR
 PARKLAND, FL 33067 US

DO NOT WRITE IN THIS SPACE



01062004 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TALENFELD, HOWARD M
 COLONDY, FASS & TALENFELD, P.A.
 2000 W. COMMERCIAL BLVD, STE 232
 FT LAUDERDALE, FL 33309

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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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LEEMAN, STUART
STREET ADDRESS	4888 NW 100TH TERR
CITY-ST-ZIP	CORAL SPRINGS, FL 33076

TITLE	VP
NAME	STERN, MITCHELL
STREET ADDRESS	7805 BOULDER LN
CITY-ST-ZIP	PARKLAND, FL 33067

TITLE	VD
NAME	BARNETT-DEAN
STREET ADDRESS	10482 NW 51ST STREET
CITY-ST-ZIP	CORAL SPRINGS, FL 33076

TITLE	S
NAME	GORDON, NINA
STREET ADDRESS	5241 NW 113TH AVE
CITY-ST-ZIP	CORAL SPRINGS, FL 33076

TITLE	T
NAME	NEJIB, KENNETH
STREET ADDRESS	6150 NW 74TH COURT
CITY-ST-ZIP	PARKLAND, FL 33067

TITLE	Treasurer
NAME	Harwood, Jeffrey
STREET ADDRESS	7247 NW 68th Drive
CITY-ST-ZIP	Parkland, FL 33067

DO NOT WRITE IN THIS SPACE

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: _____

Stuart Leeman as President
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/04
 Date

954 546-7878
 Daytime Phone #