


FILE NOW: FILING FEE IS \$61.25

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Feb 04 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 756975 (9)**  
1. Corporation Name  
**JEWISH COMMUNITY CENTERS OF SOUTH BROWARD, INC.**



Principal Place of Business  
**5850 S PINE ISLAND RD  
DAVIE FL 33328**

Mailing Address  
**5850 S PINE ISLAND RD  
DAVIE FL 33328-5933**

3. Date Incorporated or Qualified  
**03/27/1981**

3a. Date of Last Report  
**02/08/1996**

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	4. FEI Number <b>59-2075982</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
City & State <b>23</b>	City & State <b>28</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**MELINE, DR SAMUEL M  
4410 SHERIDAN STREET  
HOLLYWOOD FL 33021**

**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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>REINES, MARGO</b>		1.2 NAME <b>SCHWARTZ, MARTIN</b>	
STREET ADDRESS <b>5210 N 37 STREET</b>		1.3 STREET ADDRESS <b>4965 SARAZEN DR.</b>	
CITY-ST-ZIP <b>HOLLYWOOD FL</b>		1.4 CITY-ST-ZIP <b>HOLLYWOOD, FL 33021</b>	
TITLE <b>VP</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>SCHWARTZ, MARTIN</b>		2.2 NAME <b>MEYER, MORT</b>	
STREET ADDRESS <b>4962 SARAZEN DRIVE</b>		2.3 STREET ADDRESS <b>2362 S W 70th AVE</b>	
CITY-ST-ZIP <b>HOLLYWOOD FL</b>		2.4 CITY-ST-ZIP <b>DAVIE FL 33317</b>	
TITLE <b>VD</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>VP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>FELDMAN, JUDY</b>		3.2 NAME <b>SUCKIND, LAURIE</b>	
STREET ADDRESS <b>804 ST ANDREWS RD</b>		3.3 STREET ADDRESS <b>3541 N 55th AVE</b>	
CITY-ST-ZIP <b>HOLLYWOOD, FL 00000</b>		3.4 CITY-ST-ZIP <b>HOLLYWOOD FL 33021</b>	
TITLE <b>VD</b>	<input type="checkbox"/> DELETE	4.1 TITLE <b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>KONHAUSER, CRAIG</b>		4.2 NAME	
STREET ADDRESS <b>3704 STARBOARD AVE</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>COOPER CITY FL</b>		4.4 CITY-ST-ZIP	
TITLE <b>T</b>	<input type="checkbox"/> DELETE	5.1 TITLE <b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>MARKS, LANNY</b>		5.2 NAME <b>HILLY, DIANE</b>	
STREET ADDRESS <b>8931 SW 57 ST</b>		5.3 STREET ADDRESS <b>4806 ANTHONY ST.</b>	
CITY-ST-ZIP <b>COOPER CITY FL</b>		5.4 CITY-ST-ZIP <b>HOLLYWOOD FL 33021</b>	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <b>VP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME <b>FRIEDMAN, BEAUC</b>	
STREET ADDRESS		6.3 STREET ADDRESS <b>3741 N 47th AVE</b>	
CITY-ST-ZIP		6.4 CITY-ST-ZIP <b>HOLLYWOOD FL 33021</b>	

14. I do 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.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/97 954-562-6808  
Date Daytime Phone # 0037477

CR2E037 (9/96)