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

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

714937

(0)

## JEWISH FEDERATION OF GREATER FORT LAUDERDALE, IN C.

|  |                   |  |   |  | <u> </u>   |  |  |  |  |
|--|-------------------|--|---|--|--|--|--|--|--|
| Principal Place of Business Mailing Address        |                   |  |   | F FORM I TOROL THEIR |  |  |  |  |  |
| 8358 W OAKLAND PARK BLVD<br>FT LAUDERDALE FL 33351 |                   | 8358 W OAKLAND PARK BLVD<br>FT LAUDERDALE FL 33351 |   |  | 3. Date Incorporated or Qualified 07/12/1968       |  |  |  |  |
|  |                   |  | W OAKLAND PARK BLVD AUDERDALE FL 33351  3. Date Incorporated or Qualified 07/12/1968  4. FEI Number |  |  |  |  |  |  |
| 2. Principal Place of Business<br>21               |                   | 2a. Mailing Address<br>26                          |   |  | 5. Certificate of Status Desired S8.75 Additional  |  |  |  |  |
| Sulte, Apt. #, etc.                                |                   | Suite, Apt. #, etc.                                |   |  |  |  |  |  |  |
| City & State                                       |                   | City & State                                       |   |  |  |  |  |  |  |
| Zip<br>24  | Country<br>25     | Zip<br>29  | h   | try  |  |  |  |  |  |
| 9. Name and Address of Current Registered Agent    |                   |  |   | 10. Name and Address of New Registered Agent   |  |  |  |  |  |
|  |                   |  | 8   | 11   | Name   |  |  |  |  |
| Blattner, David K<br>200 e Broward Blyd            |                   |  | 8   | 12   | Street Address (P.O. Box Number is Not Acceptable) |  |  |  |  |
| FT LA  | UDERDALE FL 33301 |  | 8   | 3  |  |  |  |  |  |
|  |                   |  | 0   | 14   | City 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 _    | Signature, typed or printed name of registered agent and title if a | nonicable (NOTE: | Registered Agent eignature requi | ired when reinstating)          |          |          |
|----------------|---|------------------|----------------------------------|---------------------------------|----------|----------|
| 12.            |   |                  |                                  | ADDITIONS/CHANGES TO OFFICERS A |          | IS IN 12 |
| TITLE          | TD  | DELETE           | 1.1 TITLE                        |                                 | Change   | Addition |
| NAME           | EPSTEIN, STUART   |                  | 1.2 NAME                         |                                 |          |          |
| STREET ADDRESS | 1700 NW 97 AVE  |                  | 1.3 STREET ADDRESS               |                                 |          |          |
| CITY-ST-ZIP    | PLANTATION FL   |                  | 1.4 CITY-ST-ZIP                  |                                 |          |          |
| TITLE          | 8   | DELETE           | 2.1 TITLE                        |                                 | ☐ Change | Addition |
| NAME           | RUBIN, GARY   |                  | 2.2 NAME                         |                                 |          |          |
| STREET ADDRESS | 8358 W OAKLAND PARK BLVD  |                  | 2.3 STREET ADDRESS               |                                 |          |          |
| CITY-ST-ZIP    | FT LAUDERDALE FL 33326  |                  | 2. 4 CITY-ST-ZIP                 | 🦫 - 🖫 P.                        |          |          |
| TITLE          | PO  | DELETE           | 3.1 TITLE                        |                                 | ☐ Change | Addition |
| NAME           | PADEK, CHARLOTTE  |                  | 3.2 NAME                         |                                 |          |          |
| STREET ADDRESS | 460 BONAVENTURE BLVD  |                  | 3.3 STREET ADDRESS               |                                 |          |          |
| CITY-ST-ZIP    | FT LAUDERDALE FL 33326  |                  | 3.4. CITY - ST - ZIP             |                                 |          |          |
| TITLE          | VD  | DELETE           | 4.1 TITLE                        |                                 | Change   | Addition |
| NAME           | HOROWITZ, HOWARD  |                  | 4. 2 NAME                        |                                 |          |          |
| STREET ADDRESS | 7771 W OAKLAND PARK BLVD  |                  | 4.3 STREET ADDRESS               |                                 |          |          |
| CITY-ST-ZIP    | FT LAUDERDALE FL 33351  |                  | 4.4 CiTY-ST-ZIP                  |                                 |          |          |
| TITLE          |   | DELETE           | 5.1 TITLE                        |                                 | Change   | Addition |
| NAME           |   |                  | 5.2 NAME                         |                                 |          |          |
| STREET ADDRESS | i   |                  | 5.3 STREET ADDRESS               |                                 |          |          |
| CITY-ST-ZIP    |   |                  | 5.4 CITY-ST-ZIP                  |                                 |          |          |
| TITLE          |   | DELETE           | 6.1 TITLE                        |                                 | Change   | Addition |
| NAME           |   |                  | 6.2 NAME                         |                                 | •        |          |
| STREET ADDRESS |   |                  | 6.3 STREET ADDRESS               |                                 |          |          |
|                |   |                  |                                  | •                               |          |          |

14. I 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 supplier on the same legal effect as if made under oath; that I am an officer or director of the corporation of the corporation

SIGNATURE

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**FILED** 

Mar 11 1998 8:00am

Secretary of State

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954-748-8400

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