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NONPROFIT CORPORATION ANNUAL REPORT **1999**

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

99 MAR 22 PM 2:19

DOCUMENT # 756975

1. Corporation Name

JEWISH COMMUNITY CENTERS OF SOUTH BROWARD, INC.

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

[redacted]

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	03/27/1981
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2075982 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WILEN, BARRY 4601 SHERIDAN ST STE 208 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 617.1506, 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 _____ DATE _____
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☑ DELETE	11 TITLE	P D	☑ Change ☐ Addition
NAME	SCHWARTZ, MARTIN		12 NAME	Bernie Friedman	
STREET ADDRESS	4965 SARAZEN DR		13 STREET ADDRESS	3741 N 47 Avenue	
CITY-ST-ZIP	HOLLYWOOD FL		14 CITY-ST-ZIP	Hollywood FL 33021	
TITLE	VP	☑ DELETE	21 TITLE	VP D	☑ Change ☐ Addition
NAME	MEYERS, MORT		22 NAME	Cheryl Hochberg	
STREET ADDRESS	2362 SW 70TH WAY		23 STREET ADDRESS	3380 N 36 Place	
CITY-ST-ZIP	HOLLYWOOD FL		24 CITY-ST-ZIP	Hollywood FL 33021	
TITLE	VD	☑ DELETE	31 TITLE	VP D	☑ Change ☐ Addition
NAME	SUSKIND, LAURIE		32 NAME	Mark Roth	
STREET ADDRESS	3541 N 55TH AVE		33 STREET ADDRESS	3381 N Park Road	
CITY-ST-ZIP	HOLLYWOOD, FL 00000		34 CITY-ST-ZIP	Hollywood FL 33021	
TITLE	SD	☑ DELETE	41 TITLE	S D	☐ Change ☐ Addition
NAME	KONHAUZER, CRAIG		42 NAME	Lori Green	
STREET ADDRESS	3704 STARBOARD AVE		43 STREET ADDRESS	10518 Zurich Street	
CITY-ST-ZIP	COOPER CITY FL		44 CITY-ST-ZIP	Cooper City FL 33026	
TITLE	T	☑ DELETE	51 TITLE	T D	☑ Change ☐ Addition
NAME	WILES, DIANE		52 NAME	Laurie Suskind	
STREET ADDRESS	4806 ARTHUR ST		53 STREET ADDRESS	3541 N 55 Avenue	
CITY-ST-ZIP	HOLLYWOOD FL		54 CITY-ST-ZIP	~~Hollywood FL 33021~~	
TITLE	D	☑ DELETE	61 TITLE	VP D	☑ Change ☐ Addition
NAME	MARKS, LANNY		62 NAME	Diane Wilen	
STREET ADDRESS	8931 SW 57TH ST		63 STREET ADDRESS	4806 Arthur St	
CITY-ST-ZIP	COOPER CITY FL		64 CITY-ST-ZIP	Hollywood FL 33021	

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1), 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: SIGN HERE REQUIRED Laurie Suskind 1/21/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #