

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**  
**May 01, 1999 8:00 am**  
**Secretary of State**

05-01-1999 90058 034 \*\*\*\*61.25

0030247

**DOCUMENT # 701655**

1. Corporation Name

**CENTRAL AGENCY FOR JEWISH EDUCATION, INC.**

Principal Place of Business

% SANDY WERTHEIM  
4200 BISCAYNE BLVD.  
MIAMI FL 33137

Mailing Address

% SANDY WERTHEIM  
4200 BISCAYNE BLVD.  
MIAMI FL 33137



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

11/10/1960

4. FEI Number

59-0624373

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

**\$5.00** May Be  
Added to Fees

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

WERTHEIM, SANDY, R  
4200 BISCAYNE BLVD  
CAJE  
MIAMI FL 33137

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE V  
NAME GREENZWEIG, EUGENE  
STREET ADDRESS 4520 POST AVE  
CITY-ST-ZIP MIAMI BCH., FL 00000

☐ DELETE

TITLE PD  
NAME MEYERS, GAIL  
STREET ADDRESS 2000 S BAYSHORE DRIVE  
CITY-ST-ZIP COCONUT GROVE FL 33133

☐ DELETE

TITLE T  
NAME KESSLER, ELLIOT  
STREET ADDRESS 211 CAMERON CT  
CITY-ST-ZIP FT LAUDERDALE FL 33326

☐ DELETE

TITLE VD  
NAME UNGER, JOSEPH  
STREET ADDRESS 11380 SW 72ND AVE.  
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE VD  
NAME SCHWARTZ, PHILIP  
STREET ADDRESS 175 NW 1ST AVE  
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE VD  
NAME HARRIS, JOAN M  
STREET ADDRESS 2485 MERIDIAN AVE  
CITY-ST-ZIP MIAMI BEACH FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

**SIGNATURE REQUIRED**

4.26.99

(305) 576-4030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)