

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756975

FILED  
Apr 04, 2012  
Secretary of State

**Entity Name:** JEWISH COMMUNITY CENTERS OF SOUTH BROWARD, INC.

**Current Principal Place of Business:**

5850 S PINE ISLAND RD  
DAVIE, FL 33328

**New Principal Place of Business:**

**Current Mailing Address:**

5850 S PINE ISLAND RD  
DAVIE, FL 33328

**New Mailing Address:**

**FEI Number:** 59-2075982

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

WILEN, BARRY  
4601 SHERIDAN ST  
STE 208  
HOLLYWOOD, FL 33021 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VPD  
Name: KADIN, LEE  
Address: 20939 NASHVILLE DRIVE  
City-St-Zip: COOPER CITY, FL 33026

Title: PRES  
Name: SOPSHIN, JEFFREY  
Address: 10093 S. LAKE VISTA CIRCLE  
City-St-Zip: DAVIE, FL 33328

Title: VPD  
Name: MAZUR, DAVIA  
Address: 9630 NW 39 COURT  
City-St-Zip: COOPER CITY, FL 33024

Title: VPD  
Name: SCHNEIDER, CINDY  
Address: 10417 SW 22 PLACE  
City-St-Zip: DAVIE, FL 33324

Title: VPT  
Name: LESS, MITCHELL  
Address: 10761 SANTA FE DRIVE  
City-St-Zip: COOPER CITY, FL 33026

Title: VPD  
Name: SUID, SUSAN  
Address: 5820 CASTLE LANE AV  
City-St-Zip: DAVIE, FL 33331

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ELAINE TURNER

CFO

04/04/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date