

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 734392

**Entity Name:** SUNRISE JEWISH CENTER, INC.**Current Principal Place of Business:**4099 NORTH PINE ISLAND ROAD  
SUNRISE, FL 33351**Current Mailing Address:**4099 NORTH PINE ISLAND ROAD  
SUNRISE, FL 33351**FEI Number: 59-1619338****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MARTIN, LIPNACK  
6827 W. COMMERCIAL BLVD.  
FT. LAUDERDALE, FL 33319 US*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:**

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Electronic Signature of Registered Agent

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Date**Officer/Director Detail :**

|                 |                          |
|-----------------|--------------------------|
| Title           | P                        |
| Name            | BERGER, DAVID            |
| Address         | 3582 N.W. 91 LANE        |
| City-State-Zip: | FORT LAUDERDALE FL 33351 |

|                 |                     |
|-----------------|---------------------|
| Title           | VP                  |
| Name            | WINDERMAN, AUDREY   |
| Address         | 9041 NW 10TH COURTH |
| City-State-Zip: | PLANTATION FL 33322 |

|                 |                     |
|-----------------|---------------------|
| Title           | T                   |
| Name            | LEVINE, MARILYNN    |
| Address         | 321 JACARANDA DR.   |
| City-State-Zip: | PLANTATION FL 33324 |

|                 |                     |
|-----------------|---------------------|
| Title           | FS                  |
| Name            | EISENBERG, BARBARA  |
| Address         | 458 WESTREE LANE    |
| City-State-Zip: | PLANTATION FL 33324 |

|                 |                      |
|-----------------|----------------------|
| Title           | RS                   |
| Name            | JAFFE, RHONDA        |
| Address         | 690 NW 100TH TERRACE |
| City-State-Zip: | PLANTATION FL 33324  |

|                 |                              |
|-----------------|------------------------------|
| Title           | CS                           |
| Name            | SALKA, RACQUEL G             |
| Address         | 9340 SUNRISE LAKES BLVD #209 |
| City-State-Zip: | SUNRISE FL 33322             |

*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: DAVID BERGER****PRESIDENT****03/05/2013**

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Electronic Signature of Signing Officer/Director Detail

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Date