

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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Jan 23, 2018
Secretary of State
CC7140559954

Entity Name: THE ROSE AND JACK ORLOFF CENTRAL AGENCY FOR JEWISH EDUCATION OF BROWARD COUNTY, INC.

Current Principal Place of Business:

5890 SOUTH PINE ISLAND ROAD
DAVIE, FL 33328

Current Mailing Address:

5890 SOUTH PINE ISLAND ROAD
DAVIE, FL 33328

FEI Number: 03-0429765

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COHN, ALAN B ESQ.
200 E. BROWARD BOULEVARD
SUITE 1800
FT. LAUDERDALE, FL 33301 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: ALAN B. COHN, ESQ.

01/23/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P, D
Name GREENBERG, BRUCE
Address 5890 SOUTH PINE ISLAND ROAD
City-State-Zip: DAVIE FL 33328

Title VP, D
Name MERMELSTEIN, STUART
Address 5890 SOUTH PINE ISLAND ROAD
City-State-Zip: DAVIE FL 33328

Title V.P., D
Name JOHNSON, BARBARA
Address 5890 SOUTH PINE ISLAND ROAD
City-State-Zip: DAVIE FL 33328

Title T, D
Name WEINBERG, AMY
Address 5890 SOUTH PINE ISLAND ROAD
City-State-Zip: DAVIE FL 33328

Title VP, D
Name BARBARA, GOLDBERG
Address 5890 SOUTH PINE ISLAND ROAD
City-State-Zip: DAVIE FL 33328

Title S., D
Name WOLFSON, LYNN
Address 5890 SOUTH PINE ISLAND ROAD
City-State-Zip: DAVIE FL 33328

Title EXECUTIVE DIRECTOR
Name SAMLAN, ARNOLD RABBI
Address 5890 SOUTH PINE ISLAND ROAD
City-State-Zip: DAVIE FL 33328

Title D
Name CLARKSON, JOANNA
Address 5890 SOUTH PINE ISLAND ROAD
City-State-Zip: DAVIE FL 33328

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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: ARNOLD SAMLAN

ED

01/23/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP, D
Name COHN, ALAN B
Address 5890 SOUTH PINE ISLAND ROAD
City-State-Zip: DAVIE FL 33328

Title D
Name JOHNSON, BARBARA
Address 5890 SOUTH PINE ISLAND ROAD
City-State-Zip: DAVIE FL 33328

Title D
Name DRUSS, WANDY
Address 5890 SOUTH PINE ISLAND ROAD
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Title D
Name FAYNE, TAMMY
Address 5890 SOUTH PINE ISLAND ROAD
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Title D
Name CHAPNICK, SAUL
Address 5890 SOUTH PINE ISLAND ROAD
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Title D
Name NEUMAN, GIL
Address 5890 SOUTH PINE ISLAND ROAD
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Title D
Name MEDVIN, LINDA
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Title D
Name LAWRENCE, LINDSAY
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Title D
Name STIVLER, BOB
Address 5890 SOUTH PINE ISLAND ROAD
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Title D
Name MAZUR, DAVIA
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Title D

Title D
Name WIENER, JUDY
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Title D
Name BLATTNER, BUNNY
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Name FRIEDMAN, SHARON
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Title D
Name GOBER, SERENA
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Name LERNER, KIM
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Name KATZ, STACEY
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Title D
Name SPATZ, GAIL
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Title V.P., D
Name WEINER, WENDY
Address 5890 SOUTH PINE ISLAND ROAD
City-State-Zip: DAVIE FL 33328

Title IMM. PAST PRES., D
Name ENFIELD, LISA
Address 5890 S. PINE ISLAND ROAD
City-State-Zip: DAVIE FL 33328

Name WOLFSON, JILL
Address 5890 SOUTH PINE ISLAND ROAD
City-State-Zip: DAVIE FL 33328