SIGNATURE	E: ALAN B. COHN, ESQ.		0	6/22/2015			
	Electronic Signature of Registered Agent			Date			
Officer/Director Detail :							
Title	P, D	Title	VP, D				
Name	ENFIELD, LISA	Name	GREENBERG, BRUCE				
Address	5890 SOUTH PINE ISLAND ROAD	Address	5890 SOUTH PINE ISLAND ROAD				
City-State-Zip:	DAVIE FL 33328	City-State-Zip:	DAVIE FL 33328				
Title	S, D	Title	T, D				
Name	FRIEDMAN, SHARON	Name	WEINBERG, AMY				
Address	5890 SOUTH PINE ISLAND ROAD	Address	5890 SOUTH PINE ISLAND ROAD				
City-State-Zip:	DAVIE FL 33328	City-State-Zip:	DAVIE FL 33328				
Title	VP, D	Title	VP, D				
Name	MERMELSTEIN, STUART	Name	WOLFSON, LYNN				
Address	5890 SOUTH PINE ISLAND ROAD	Address	5890 SOUTH PINE ISLAND ROAD				
City-State-Zip:	DAVIE FL 33328	City-State-Zip:	DAVIE FL 33328				
Title	INTERIM EXECUTIVE DIRECTOR	Title	VP, D				
Name	BALTUCH, ROCHELLE	Name	SASTER, KAREN				
Address	5890 SOUTH PINE ISLAND ROAD	Address	5890 SOUTH PINE ISLAND ROAD				
City-State-Zip:	DAVIE FL 33328	City-State-Zip:	DAVIE FL 33328				

Continues on page 2

VP,D

2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N0200002167

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

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.

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: ALAN B. COHN

Electronic Signature of Signing Officer/Director Detail

FILED Jun 22, 2015 Secretary of State CC3039500961

Certificate of Status Desired: No

06/22/2015 Date

Officer/Director Detail Continued :

Title	VP, D	Title	IMM. PAST PRESIDENT, D
Name	COHN, ALAN B	Name	WIENER, JUDY
Address	5890 SOUTH PINE ISLAND ROAD	Address	5890 SOUTH PINE ISLAND ROAD
City-State-Zip:	DAVIE FL 33328	City-State-Zip:	DAVIE FL 33328
Title	PARLIMENTARIAN, D	Title	D
Name	JOHNSON, BARBARA	Name	BLATTNER, BUNNY
Address	5890 SOUTH PINE ISLAND ROAD	Address	5890 SOUTH PINE ISLAND ROAD
City-State-Zip:	DAVIE FL 33328	City-State-Zip:	DAVIE FL 33328
Title	D	Title	D
Name	DRUSS, WANDA	Name	EPSTEIN, STUART
Address	5890 SOUTH PINE ISLAND ROAD	Address	5890 SOUTH PINE ISLAND ROAD
City-State-Zip:	DAVIE FL 33328	City-State-Zip:	DAVIE FL 33328
Title	D	Title	D
Name	FAYNE, TAMMY	Name	FISKE, ADRIENNE
Address	5890 SOUTH PINE ISLAND ROAD	Address	5890 SOUTH PINE ISLAND ROAD
City-State-Zip:	DAVIE FL 33328	City-State-Zip:	DAVIE FL 33328
Title	D	Title	D
Name	GOLDBERG, BARBARA	Name	GOLDFRIED, DEBBIE
Address	5890 SOUTH PINE ISLAND ROAD	Address	5890 SOUTH PINE ISLAND ROAD
City-State-Zip:	DAVIE FL 33328	City-State-Zip:	DAVIE FL 33328
Title	D	Title	D
Name	GROSSMAN, CLAIRE	Name	LERNER, KIM
Address	5890 SOUTH PINE ISLAND ROAD	Address	5890 SOUTH PINE ISLAND ROAD
City-State-Zip:	DAVIE FL 33328	City-State-Zip:	DAVIE FL 33328
Title	D	Title	D
Name	MEDVIN, LINDA	Name	PEARSALL, ROBIN
Address	5890 SOUTH PINE ISLAND ROAD	Address	5890 SOUTH PINE ISLAND ROAD
City-State-Zip:	DAVIE FL 33328	City-State-Zip:	DAVIE FL 33328
Title	D	Title	D
Name	PHILLIPS, AVA	Name	BAER PULLER, MINDY
Address	5890 SOUTH PINE ISLAND ROAD	Address	5890 SOUTH PINE ISLAND ROAD
City-State-Zip:	DAVIE FL 33328	City-State-Zip:	DAVIE FL 33328
Title	D	Title	D
Name	ROTHFIELD, RANDI	Name	STIVLER, BOB
Address	5890 SOUTH PINE ISLAND ROAD	Address	5890 SOUTH PINE ISLAND ROAD
City-State-Zip:	DAVIE FL 33328	City-State-Zip:	DAVIE FL 33328
Title	D	Title	D
Name	WEINER, WENDY	Name	YEVELSON, HERB
Address	5890 SOUTH PINE ISLAND ROAD	Address	5890 SOUTH PINE ISLAND ROAD
City-State-Zip:	DAVIE FL 33328	City-State-Zip:	DAVIE FL 33328