2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002167

Entity Name: THE ROSE AND JACK ORLOFF CENTRAL AGENCY FOR

JEWISH EDUCATION OF BROWARD COUNTY, INC.

FILED
Mar 15, 2013
Secretary of State
CC7550212630

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 BESQ 100 WEST CYPRESS CREEK ROAD SUITE 700 FT. LAUDERDALE, FL 33309 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:

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title P Title VF

Name WIENER, JUDY Name AGRONIN, 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 S Title T

Name JOHNSON, BARBARA Name BERZOFSKY, SEYMOUR

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 Title VP

Name BLATTNER, ANNE Name GOLDFRIED, DEBORAH

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 DIRECTOR
Name PAPO, MOSHE

Address 5890 SOUTH PINE ISLAND ROAD

City-State-Zip: DAVIE FL 33328

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: DR. MOSHE PAPO EXECUTIVE DIRECTOR 03/15/2013