

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009862

Entity Name: JEWISH FEDERATION 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:** 20-5712984**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STILLMAN, ERIC B
5890 SOUTH PINE ISLAND ROAD
DAVIE, FL 33328 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	PCEO
Name	STILLMAN, ERIC
Address	5890 SOUTH PINE ISLAND ROAD
City-State-Zip:	DAVIE FL 33328

Title	VC
Name	GOBER, DEBBIE
Address	9500 NW 44TH PLACE
City-State-Zip:	CORAL SPRINGS FL 33065

Title	CHAIRMAN
Name	SCHULMAN, SAMMY
Address	2507 HUNTERS RUN WAY
City-State-Zip:	WESTON FL 33327

Title	TREASURER
Name	GENET, BEN J
Address	3870 N. 40TH AVENUE
City-State-Zip:	HOLLYWOOD FL 33021

Title	SECRETARY
Name	SHACKET, ESTHER
Address	4140 NW 101ST DRIVE
City-State-Zip:	CORAL SPRINGS FL 33065

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: ERIC B. STILLMAN**PRESIDENT & CEO****01/22/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date