

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09822

**FILED  
Jul 01, 2018  
Secretary of State  
CC9311699666**

**Entity Name:** CENTURY PINES JEWISH CENTER, A NONPROFIT CORPORATION

**Current Principal Place of Business:**

1200 S.W. 136TH AVE  
PEMBROKE PINES, FL 33027

**Current Mailing Address:**

1200 S.W. 136TH AVE  
PEMBROKE PINES, FL 33027 US

**FEI Number: 59-2545126**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

FIGUEROA, DAVID  
1200 SW 136 AVENUE  
PEMBROKE PINES, FL 33027 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 PT  
Name FIGUEROA, DAVID  
Address 1200 S.W. 136TH AVENUE  
City-State-Zip: PEMBROKE PINES FL 33027

Title PT  
Name GLICKMAN, JOEL  
Address 5829 N. OCEAN BLVD. #C-2  
City-State-Zip: OCEAN RIDGE FL 33435

Title V  
Name BERGMAN, JOAN  
Address 1301 SW 142 AVENUE - SUFFOLK, H  
215  
City-State-Zip: PEMBROKE PINES FL 33027

Title CT  
Name FURMAN, CAROL  
Address 12800 SW 7TH COURT #G315  
City-State-Zip: PEMBROKE PINES FL 33027

Title T  
Name TEIXIERA, LILIANA M  
Address 4261 SW 126 AVENUE  
City-State-Zip: MIRAMAR FL 33027

*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 FIGUEROA**

**PRESIDENT**

**07/01/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date