

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000000363

**Entity Name:** PEMBROKE PINES JEWISH CENTER, INC.

**Current Principal Place of Business:**

1200 SW 136TH AVENUE  
PEMBROKE PINES, FL 33027

**Current Mailing Address:**

1200 SW 136TH AVE  
PEMBROKE PINES, FL 33027 US

**FEI Number:** 65-0893990

**Certificate of Status Desired:** Yes

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

SMOLER, BRUCE  
21100 NE 23RD AVE  
MIAMI, FL 33180 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:** BRUCE SMOLER

01/24/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CO PR  
Name LEVIN, MERWYN  
Address 12601 SW 13TH ST  
215  
City-State-Zip: PEMBROKE PINES FL 33027

Title VP  
Name DOBRINSKY, JESSE  
Address 13183 NW 19TH ST  
City-State-Zip: PEMBROKE PINES FL 33028

Title TREASURER  
Name LERNER, GERTRUDE L.  
Address 13475 SW 9TH STREET  
A401  
City-State-Zip: PEMBROKE PINES FL 33027

Title SECRETARY  
Name GROSSMAN, CAROL  
Address 700 SW128TH AVE  
C408  
City-State-Zip: PEMBROKE PINES FL 33027

Title V.P.  
Name FURMAN, CAROL  
Address 12800 SW 7TH CT  
315  
City-State-Zip: PEMJBROKE PINES FL 33027

Title FINANCIAL SEC'Y  
Name MOSS, LANI  
Address 13700 SW 11TH STREET  
412  
City-State-Zip: PEMBROKE PINES FL 33027

Title CO PR  
Name GLICKMAN, JOEL  
Address 5829 N OCEAN BLVD  
City-State-Zip: OCEAN RIDGE FL 33435

*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:** GERTRUDE LERNER

TREASURER

01/24/2020

Electronic Signature of Signing Officer/Director Detail

Date