

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90289 002 \*\*\*\*61.25

**DOCUMENT # 710196**

1. Entity Name

HALLANDALE JEWISH CENTER, INC.



Principal Place of Business

416 N.E. 8TH ANV.  
HALLANDALE FL 33009

Mailing Address

416 N.E. 8TH ANV.  
HALLANDALE FL 33009



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-1315919

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

AFRICANO, J VICTOR  
1820 E BEACH BLVD  
HALLANDALE FL 33009

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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 am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE S ☐ Delete  
NAME CHILLAG, DIANE  
STREET ADDRESS 1616 JACKSON ST.  
CITY-ST-ZIP HOLLYWOOD FL

TITLE PD ☐ Delete  
NAME APPLEMAN, MITCHELL  
STREET ADDRESS 72 IVY RD  
CITY-ST-ZIP HOLLYWOOD FL

TITLE VD ☒ Delete  
NAME FRISCH, MARTIN  
STREET ADDRESS 2049 S OCEAN DR., #1102  
CITY-ST-ZIP HALLANDALE FL 33009

TITLE TSD ☐ Delete  
NAME FINSTERWALD, ERWIN  
STREET ADDRESS 1000 PARKVIEW DR #308  
CITY-ST-ZIP HALLANDALE FL 33009

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VD ☐ Change ☒ Addition  
NAME DR. PHILIP MILLER  
STREET ADDRESS 400 NE 12 AVE #308  
CITY-ST-ZIP HALLANDALE BCH, FL 33009

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

4-24-06