2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2009
Secretary of State

DOCUMENT# 710196

Entity Name: HALLANDALE JEWISH CENTER, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1315919 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AFRICANO,J VICTOR
1820 E BEACH BLVD
HALLANDALE, FL 33009 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: S ( ) Delete
Name: CHILLAG, DIANE,
Address: 1616 JACKSON ST.
City-St-Zip: HOLLYWOOD, FL

Title: TDC ( ) Delete
Name: APPLEMAN, MITCHELL
Address: 72 IVY RD
City-St-Zip: HOLLYWOOD, FL 33021

Title: PD ( ) Delete
Name: MILLER, PHILLIP DR
Address: 400 NE 12 AVE #308
City-St-Zip: HALLANDALE, FL 33009

Title: VD ( ) Delete
Name: NEUDORF, HERMAN
Address: 400 LESLIE DR. #1120
City-St-Zip: HALLANDALE, FL

Title: VD ( ) Delete
Name: KIVOWITZ, JACK
Address: 3140 PARKVIEW DR, 1008
City-St-Zip: HALLANDALE, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change ( ) Addition
Name: SOL GREEN,
Address: 600 PARKVIEW DRIVE
City-St-Zip: HALLANDALE, FL 33009 US

Title: TDC (X) Change ( ) Addition
Name: ROBERT SCHLESINGER,
Address: 600 THREE ISLANDS BLVD.
City-St-Zip: HALLANDALE, FL 33009 US

Title: PD (X) Change ( ) Addition
Name: MILLER, PHILIP DR
Address: 400 NE 12 AVE #308
City-St-Zip: HALLANDALE, FL 33009 US

Title: VD (X) Change ( ) Addition
Name: NEUDORF, HERMAN
Address: 400 LESLIE DR. #1120
City-St-Zip: HALLANDALE, FL 33009 US

Title: VD (X) Change ( ) Addition
Name: RUTH CASTELBLANCO,
Address: 421 N.E. 14TH AVE., #101
City-St-Zip: HALLANDALE, FL 33009 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DR. PHILIP MILLER PD 02/20/2009

Electronic Signature of Signing Officer or Director — Date