

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90097 043 ****61.25

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DOCUMENT # 730573 1. Entity Name THE UNITED JEWISH COMMUNITY OF BROWARD COUNTY, INC.					
Principal Place of Business 5890 S PINE ISLAND ROAD DAVIE, FL 33328 US			Mailing Address 5890 S PINE ISLAND ROAD DAVIE, FL 33328 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03132007 Chg-NP CR2E037 (12/06) 4. FEI Number 59-0967823	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WEINBAUM, MARTIN 5890 SOUTH PINE ISLAND ROAD DAVIE, FL 33328			7. Name and Address of New Registered Agent Name Stillman, Eric B. Street Address (P.O. Box Number is Not Acceptable) 5890 So. Pine Island Road City Davie FL Zip Code 33328		
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.			Eric B. Stillman (NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$61.25 Due by May 1, 2007			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC MASAREK, MICHAEL 7510 BRIGANTINE LANE PARKLAND, FL 33067	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Jackman, Stephen 209 North Birch Road, Apt. 1101 Fort Lauderdale, FL 33304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC POLISH, SHELDON 621 PEBBLE CREEK TER PLANTATION, FL 33324	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC Deckelbaum, Gordon 6051 N. Ocean Dr. PH5, Hollywood, FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WEINBAUM, MARTIN P 12330 NW 77TH MANOR PARKLAND, FL 33076	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T Stillman, Eric 1850 NW 107th Terrace Plantation, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEVY, ALAN J 75 ROYAL PALM DRIVE FORT LAUDERDALE, FL 333011408	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC Garfinkle, David 1966 NE 201 St. N. Miami Beach, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE 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 Chapter 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:			Eric B. Stillman		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 3/14/07 Daytime Phone # 954-252-6900		