

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 31 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **734392** (4)

1. Corporation Name

**SUNRISE JEWISH CENTER, INC.**

Principal Place of Business

Mailing Address

**4099 PINE ISLAND ROAD  
SUNRISE FL 33351-2314**

**4099 PINE ISLAND ROAD  
SUNRISE FL 33351-2314**

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip Country

**28** Zip Country

**24** Country

**29** Country

9. Name and Address of Current Registered Agent

**MARTIN, LIPNACK  
6827 W. COMMERCIAL BLVD.  
FT. LAUDERDALE FL 33319**

3. Date Incorporated or Qualified

**11/18/1975**

4. FEI Number

**59-1619338**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ DELETE

**PD  
FLETCHER, BRUCE  
1965 NW 112 AVENUE  
CORAL SPRINGS FL**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ DELETE

**VD  
MISHKIN, LARRY  
7650 WEST MCNAB ROAD  
TAMARAC FL**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**T  
WEISS, JULIUS  
8135 SUNRISE LAKES BLVD  
SUNRISE, FL 00000**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**FS  
ORT, IRVING  
8280 SUNRISE LAKES BLVD.  
SUNRISE, FL 00000**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**D  
MANDEL, SYDNEY  
9350 SUNRISE LAKE BLVD.  
SUNRISE FL**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**D  
NIEPORENT, MAX  
9590 SUNRISE LAKES BLVD  
SUNRISE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP ☒ Change ☐ Addition

**PD  
BROMBERG, DONALD  
10421 NW 31 court  
Sunrise, FL 33351**

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP ☒ Change ☐ Addition

**VD  
FLETCHER, BRUCE  
1965 NW 112 Avenue  
Coral Springs, FL**

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Fee/Time/Phone #

CR2E037 (10/97)