

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90349 026 ****61.25

DOCUMENT # 734392

1. Entity Name

SUNRISE JEWISH CENTER, INC.



Principal Place of Business

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

Mailing Address

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

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 (10/04)

4. FEI Number

59-1619338

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME BERKOWITZ, BRUCE DR.
STREET ADDRESS 11491 NW 19TH ST
CITY-ST-ZIP PLANTATION FL 33323 ☐ Delete

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

TITLE PD
NAME SCOTT, JARVIS
STREET ADDRESS 12092 NW 42ND ST
CITY-ST-ZIP SUNRISE FL 33323 ☒ Delete

TITLE VD Donald Bromberg
NAME 10421 N.W. 31 Court
STREET ADDRESS Sunrise, FL 33351 ☒ Change ☐ Addition

TITLE T
NAME WEISS, JULIUS
STREET ADDRESS 8135 SUNRISE LAKES BLVD
CITY-ST-ZIP SUNRISE, FL 00000 ☐ Delete

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

TITLE FS
NAME WINDERMAN, MURRAY
STREET ADDRESS 9041 NW 10TH COURT
CITY-ST-ZIP PLANTATION FL 33322 ☐ Delete

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

TITLE D
NAME HERTZBERG, ABRAHAM
STREET ADDRESS 9370 SUNRISE LKS BLVD
CITY-ST-ZIP SUNRISE FL 33322 ☐ Delete

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

TITLE D
NAME NIEPORENT, MAX
STREET ADDRESS 9580 SUNRISE LAKES BLVD
CITY-ST-ZIP SUNRISE FL ☐ Delete

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 exemption stated in Section 119.07(3)(i), 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:

Julius Weiss, Treasurer

3/31/05

954-741-0295

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #