

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 737796 (3)
 1. Corporation Name
SAMUEL M. AND HELENE SOREF, JEWISH COMMUNITY CENTER, INC.



Principal Place of Business 6501 W SUNRISE BLVD FT. LAUDERDALE FL 33313	Mailing Address 6501 W SUNRISE BLVD FT. LAUDERDALE FL 33313
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 01/11/1977	3a. Date of Last Report 05/01/1995
21	28	4. FEI Number 59-1766701	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23	28		
Zip	Country	29	30
24	25		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
KOPELOWITZ, HARVEY 750 SE 3RD AVENUE FT LAUDERDALE FL 33316		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENSLIN, ROBERT L	1.2 NAME	SUMERSTEIN, MARK
STREET ADDRESS	9661 NW 10TH COURT PLANTATION FL	1.3 STREET ADDRESS	P.O. BOX 1900
CITY-ST-ZIP	PLANTATION FL	1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33302
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOMMERSTEIN, MARK	2.2 NAME	BERKOVITS, JOE
STREET ADDRESS	P.O. BOX 1900	2.3 STREET ADDRESS	621 N.W. 102 AVENUE
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELLER, STEVEN (LOUISE)	3.2 NAME	
STREET ADDRESS	12250NW 5 ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, KARYN	4.2 NAME	DISHOWITZ, JEANNE
STREET ADDRESS	9540 N.W. 13 STREET	4.3 STREET ADDRESS	9160 N.W. 17 STREET
CITY-ST-ZIP	PLANTATION FL	4.4 CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIMBEL, MICHAEL	5.2 NAME	
STREET ADDRESS	431 W. LAKE DASHA DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODMAN, BARBARA	6.2 NAME	COHEN, WENDY
STREET ADDRESS	301 HOLLY LANE	6.3 STREET ADDRESS	10180 S.W. 1ST COURT
CITY-ST-ZIP	PLANTATION FL	6.4 CITY-ST-ZIP	PLANTATION, FL 33324

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 REQUIRED** *[Signature]* **6/21/96 (954) 475-3199**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E037 (3/96)