

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

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**

3. Date Incorporated or Qualified: **01/11/1977**
 3a. Date of Last Report: **05/01/1995**
 4. FEI Number: **59-1766701**
 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**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
 2a. Mailing Address: 25, 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
**KOPELOWITZ, HARVEY
 750 SE 3RD AVENUE
 FT LAUDERDALE FL 33316**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	ENSLIN, ROBERT L	1.2 NAME	SUMERSTEIN, MARK
STREET ADDRESS	9661 NW 10TH COURT	1.3 STREET ADDRESS	P.O. BOX 1900
CITY-ST-ZIP	PLANTATION FL	1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33302
TITLE	VP	2.1 TITLE	T
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	3.1 TITLE	
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	4.1 TITLE	D
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	5.1 TITLE	
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	6.1 TITLE	VP
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)