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Apr 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 33313-6036

3. Date Incorporated or Qualified: 01/11/1977
3a. Date of Last Report: 06/25/1996

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)
22. Suite, Apt #, etc.
23. City & State
24. Zip Country
25. Zip Country

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

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: Somerstein, Mark
82 Street Address (P.O. Box Number is Not Acceptable): 200 E. Broward Blvd.
83 15th Floor
84 City: Ft. Lauderdale, FL
85 Zip Code: 33301

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: Mark Somerstein
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
DATE: 3-16-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOMERSTEIN, MARD	1.2 NAME	Somerstein, Mark
STREET ADDRESS	P.O. BOX 1900	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERKOVITS, JOE	2.2 NAME	Berkovits, Joe
STREET ADDRESS	621 N W 102 AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	2.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DISHOWITZ, JEANNE	4.2 NAME	
STREET ADDRESS	9160 NW 17TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	4.4 CITY-ST-ZIP	
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	VP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, WENDY	6.2 NAME	
STREET ADDRESS	10108 S W 1ST COURT	6.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	6.4 CITY-ST-ZIP	

14. I do 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: JOE BERKOVITS
Signature and typed or printed name of signing officer or director
Date: 3/28/97
Daytime Phone #: (954) 475-3199

CR2E037 (9/96)