

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 08, 1999 8:00 am**  
**Secretary of State**

03-08-1999 90045 039 \*\*\*\*70.00

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 737796**

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 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/11/1977
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1766701 Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent  SOMERSTEIN, MARK 200 E BROWARD BLVD 15TH FLOOR FT LAUDERDALE FL 33301		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	
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	DELETED <input type="checkbox"/>	1.1 TITLE P	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME SOMERSTEIN, MARK		1.2 NAME SID KOPPERL	
STREET ADDRESS 200 E BROWARD BLVD 15TH FLOOR		1.3 STREET ADDRESS 11638 N.W. 48th COURT	
CITY-ST-ZIP FT LAUDERDALE FL 33301		1.4 CITY-ST-ZIP CORAL SPRINGS, FL 33076	
TITLE T	DELETED <input type="checkbox"/>	2.1 TITLE T	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME BERKOVITS, JOE		2.2 NAME JOE BERKOVITS	
STREET ADDRESS 621 N W 102 AVENUE		2.3 STREET ADDRESS 8090 CLEARY BLVD	
CITY-ST-ZIP CORAL SPRINGS FL		2.4 CITY-ST-ZIP PLANTATION, FL 33324	
TITLE D	DELETED <input type="checkbox"/>	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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	DELETED <input type="checkbox"/>	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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	DELETED <input type="checkbox"/>	5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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	DELETED <input type="checkbox"/>	6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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 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, with all other like information.

SIGNATURE: **SIGNATURE REQUIRED** *[Signature]* 3/3/99 954-475-3199  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)