2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#737796

FILED Apr 14, 2009 Secretary of State

Entity Name: SAMUEL M. AND HELENE SOREF, JEWISH COMMUNITY CENTER, INC.

Current Principal Place of Business: New Principal Place of Business: 6501 W SUNRISE BLVD FT. LAUDERDALE, FL 33313 **Current Mailing Address: New Mailing Address:** 6501 W SUNRISE BLVD FT. LAUDERDALE, FL 33313 FEI Number: 59-1766701 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LITOW, LAURENCE S 1 E BROWARD BLVD. STE 1010 FORT LAUDERDALE, FL 33301 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition BERKOVITS, JOE LITOW, LAURENCE S Name: Name: 8211 W. BROWARD BLVD SUITE 340 Address: 1 E BROWARD BLVD STE 1010 Address: City-St-Zip: FT LAUDERDALE, FL 33324 City-St-Zip: FORT LAUDERDALE, FL 33301 Title: () Delete Title: () Change () Addition DELINKO-PETERS, FRANCES Name: Name: Address: 760 NW 67TH AVENUE Address: City-St-Zip: PLANTATION, FL 33317 City-St-Zip: Title: () Delete Title: () Change () Addition GERSON, STEVEN Name: Name: 150 N UNIVERSITY DRIVE SUITE 200 Address: Address: City-St-Zip: PLANTATION, FL 33324 City-St-Zip: Title: VΡ () Delete Title: () Change () Addition Name: HERSEY, LORI Name: 13901 SW 31ST STREET Address: Address: City-St-Zip: **DAVIE, FL 33330** City-St-Zip: Title: () Delete Title: () Change () Addition GORODETSKY, LEE Name: Name: 1004 CYPRESS CREEK RD SUITE 414 Address: Address: City-St-Zip: FT. LAUDERDALE, FL 33309 City-St-Zip: Title: () Delete Title: () Change () Addition LYNN, JENNIFER Name: Name: Address: 10681 NW 17TH STREET Address: PLANTATION, FL 33322 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURENCE LITOW P 04/14/2009