

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2004 08:00 AM
Secretary of State

DOCUMENT # 751702
 1. Entity Name
 HIALEAH-MIAMI SPRINGS JEWISH COMMUNITY CENTER, INC.



Principal Place of Business: 6175 NW 153ST, STE 226, MIAMI LAKES, FL 33014 US
 Mailing Address: 6175 NW 153ST, SUITE 226, MIAMI LAKES, FL 33014 US



07082004 No Chg-NP CR2E037 (10/03)

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4. FEI Number: 59-6018713 Applied For: Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BUCKLAND, SHEILA
 17835 NW 63RD CT
 HIALEAH, FL 33015

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8. 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25 Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	STACK, BRIAN
STREET ADDRESS	8548 GLENCAIRN LANE
CITY - ST - ZIP	MIAMI LAKES, FL
TITLE	D
NAME	KRAM, VICKI
STREET ADDRESS	8354 DUNDEE TERR.
CITY - ST - ZIP	MIAMI LAKES, FL 33014
TITLE	D
NAME	BERSON, LOUIS
STREET ADDRESS	1100 S.W. 130TH AVE., APT. #312
CITY - ST - ZIP	PEMBROKE PINES, FL 33027
TITLE	T
NAME	BUCKLAND, SHEILA
STREET ADDRESS	17835 NW 63RD CT
CITY - ST - ZIP	HIALEAH, FL 33015
TITLE	P
NAME	SEGERMEISTER, MITCH
STREET ADDRESS	19225 N.W. 80TH CT.
CITY - ST - ZIP	MIAMI, FL 33015
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1100000165711
 07/16/04-80008-001 61.25

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sheila Buckland SHEILA BUCKLAND 7/8/04 305 825-5677
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #