FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
'95 FEB -8 AM 9:40

DOCUMENT # 756975 (9)

1. Corporation Name
JEWISH COMMUNITY CENTERS OF SOUTH BROWARD, INC.

Principal Place of Business	Mailing Address
5850 S PINE ISLAND RD DAVIE FL 33328	5850 S PINE ISLAND RD DAVIE FL 33328

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/27/1981
3a. Date of Last Report: 02/17/1994
4. FEI Number: 59-2075982 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MELINE, DR SAMUEL M
4800 MADISON ST
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name: MELINE, DR. SAMUEL M.
82 Street Address (P.O. Box Number is Not Acceptable): 4410 SHERIDAN STREET
83 HOLLYWOOD, FL 33021
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	P	☒ Change ☐ Addition
NAME	GREENBERG, LAURENCE	1.2 NAME	REINES, MARGO	
STREET ADDRESS	5121 N 37TH STREET	1.3 STREET ADDRESS	5210 N 37 STREET	
CITY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	VP	2.1 TITLE	VP	☐ Change ☐ Addition
NAME	SCHWARTZ, MARTIN	2.2 NAME	SCHWARTZ, MARTIN	
STREET ADDRESS	4962 SARAZEN DRIVE	2.3 STREET ADDRESS	4962 SARAZEN DRIVE	
CITY-ST-ZIP	HOLLYWOOD FL	2.4 CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	VD	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	DAUB, RICHARD	3.2 NAME	FELDMAN, JUDY	
STREET ADDRESS	3630 N 54TH AVE	3.3 STREET ADDRESS	804 ST. ANDREWS RD	
CITY-ST-ZIP	HOLLYWOOD, FL 00000	3.4 CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	VD	4.1 TITLE	VD	☒ Change ☐ Addition
NAME	BIRNBERG, RALPH	4.2 NAME	KONHAUZER, CRAIG	
STREET ADDRESS	4228 VAN BUREN STREET	4.3 STREET ADDRESS	3704 STARBOARD AVE	
CITY-ST-ZIP	HOLLYWOOD FL	4.4 CITY-ST-ZIP	COOPER CITY FL	
TITLE	T	5.1 TITLE	T	☒ Change ☐ Addition
NAME	WILEN, BARRY	5.2 NAME	MARKS, LANNY	
STREET ADDRESS	4808 ARTHUR STREET	5.3 STREET ADDRESS	8931 SW 57 ST	
CITY-ST-ZIP	HOLLYWOOD FL	5.4 CITY-ST-ZIP	COOPER CITY FL	
TITLE	SD	6.1 TITLE	SD	☒ Change ☐ Addition
NAME	SCHRAM, BEVI	6.2 NAME	HON. RONALD J ROTHSCHILD	
STREET ADDRESS	5000 N 31ST COURT	6.3 STREET ADDRESS	4501 VAN BUREN ST	
CITY-ST-ZIP	HOLLYWOOD FL	6.4 CITY-ST-ZIP	HOLLYWOOD FL	

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: Marg Reines President 2/2/95 305-434-0499
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
MARGO REINES

0047207