

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**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

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DAVIE FL 33328

3. Date Incorporated or Qualified  
**03/27/1981**

3a. Date of Last Report  
**02/08/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

24

25

29

30

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MELINE, DR SAMUEL M  
4410 SHERIDAN STREET  
HOLLYWOOD FL 33021**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>REINES, MARGO</b>	
STREET ADDRESS	<b>5210 N 37 STREET</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>SCHWARTZ, MARTIN</b>	
STREET ADDRESS	<b>4962 SARAZEN DRIVE</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>FELDMAN, JUDY</b>	
STREET ADDRESS	<b>804 ST ANDREWS RD</b>	
CITY-ST-ZIP	<b>HOLLYWOOD, FL 00000</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>KONHAUZER, CRAIG</b>	
STREET ADDRESS	<b>3704 STARBOARD AVE</b>	
CITY-ST-ZIP	<b>COOPER CITY FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>MARKS, LANNY</b>	
STREET ADDRESS	<b>8931 SW 57 ST</b>	
CITY-ST-ZIP	<b>COOPER CITY FL</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ROTHSCHILD, HON. RONALD J.</b>	
STREET ADDRESS	<b>4501 VAN BUREN ST.</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>SD</b>
6.3 STREET ADDRESS	<b>Suskind, LORRE</b>
6.4 CITY-ST-ZIP	<b>3541 N 55 AVE Hollywood, FL 33021</b>

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:

*Lanny Marks*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**LANNY V MARKS, TREASURER**

1/25/96

305.434-0499

Date

Daytime Phone #

CR2E037 (12/95)