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Feb 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 756975 (9)

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



Principal Place of Business 5850 S PINE ISLAND RD DAVIE FL 33328	Mailing Address 5850 S PINE ISLAND RD DAVIE FL 33328-5933
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3. Date Incorporated or Qualified 03/27/1981	3a. Date of Last Report 02/08/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number 59-2075982	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

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

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE	P	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	SCHWARTZ, MARTIN		
1.3 STREET ADDRESS	4965 SARAZEN DR.		
1.4 CITY-ST-ZIP	HOLLYWOOD, FL 33021		
2.1 TITLE	VP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	MEYERS, MORT		
2.3 STREET ADDRESS	2362 SW 70TH AVE		
2.4 CITY-ST-ZIP	DAVIE FL 33317		
3.1 TITLE	VP	<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	SUSKIND, LAURIE		
3.3 STREET ADDRESS	3541 N 55 AVE		
3.4 CITY-ST-ZIP	HOLLYWOOD FL 33021		
4.1 TITLE	SD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	T	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.2 NAME	HILLY, DIANE		
5.3 STREET ADDRESS	4806 ARTHUR ST.		
5.4 CITY-ST-ZIP	HOLLYWOOD FL 33021		
6.1 TITLE	VP	<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME	FRIEDMAN, BEAWE		
6.3 STREET ADDRESS	3741 N 47 AVE		
6.4 CITY-ST-ZIP	HOLLYWOOD FL 33021		

14. I do 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.

SIGNATURE: _____ DATE: **1/21/97** DAYTIME PHONE: **954-562-6808**

CR2E037 (9/96)