

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # 756975

1. Entity 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**



01092004 No Chg-NP CR2E037 (10/03)

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4. FEI Number **69-2075982** Applied For (Not Applicable)

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

6. Name and Address of Current Registered Agent

**WILEN, BARRY
 4601 SHERIDAN ST
 STE 208
 HOLLYWOOD, FL 33021**

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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
 Due by May 1, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE PD
 NAME SHAPIR, CAROLYN
 STREET ADDRESS 3195 WILLOW LANE
 CITY-ST-ZIP FORT LAUDERDALE, FL 33331

TITLE SD
 NAME KASS, SUSAN
 STREET ADDRESS 11711 N. ISLAND RD.
 CITY-ST-ZIP COOPER CITY, FL 33026

TITLE VPD
 NAME KONHAUZER, CRAIG
 STREET ADDRESS 3704 STARBOARD AVE
 CITY-ST-ZIP HOLLYWOOD, FL 33026

TITLE TD
 NAME FELDMAN, BERNIE
 STREET ADDRESS 804 ST ANDREWS RD
 CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE VPD
 NAME SUSKIND, LAURIE
 STREET ADDRESS 3541 N 55 AVENUE
 CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE VPD
 NAME WILEN, DIANE
 STREET ADDRESS 4806 ARTHUR ST
 CITY-ST-ZIP HOLLYWOOD, FL 33021

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 01/20/04-80031-006 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: *Bernard Feldman* BERNARD FELDMAN TREAS

1/13/04 954-434-0499

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #