


FILED
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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 762911

1. Corporation Name
HOMESTEAD JEWISH COMMUNITY CENTER, INC.

Principal Place of Business 183 NE 8TH STREET 13011 SW 259TH ST HOMESTEAD FL 33032 33030 US	Mailing Address 183 NE 8TH STREET 13011 SW 259 ST HOMESTEAD FL 33032 US
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21. Principal Place of Business 183 NE 8th Street Suite, Apt. #, etc. HOMESTEAD FL City & State 33030 USA Zip Country	22. Mailing Address 13011 SW 259 St Suite, Apt. #, etc. HOMESTEAD FL City & State 33030 USA Zip Country	3. Date Incorporated or Qualified 04/19/1982	4. FEI Number 59-1611197	Applied For Not Applicable
23. Certificate of Status Desired <input type="checkbox"/>	24. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent HOFFMAN, ROBERT M 13011 SW 259TH STREET HOMESTEAD FL 33032	10. Name and Address of New Registered Agent 81 Name: JUDITH ANN CREQUE 82 Street Address (P.O. Box Number is Not Acceptable): 13011 SW 259 STREET 83 City: HOMESTEAD, FL 33030 84 City: FL 85 Zip Code
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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: Judith Ann Creque (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P <input checked="" type="checkbox"/> DELETE	NAME: SILVER, DARRYL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 25900 SW 152ND AVE	CITY-ST-ZIP: HOMESTEAD FL 33032	1.2 NAME	
TITLE: VP <input type="checkbox"/> DELETE	NAME: SILVER, CAROL	1.3 STREET ADDRESS	
STREET ADDRESS: 25900 SW 152ND AVENUE	CITY-ST-ZIP: HOMESTEAD FL 33032	1.4 CITY-ST-ZIP	
TITLE: TD <input type="checkbox"/> DELETE	NAME: CREQUE, JUDITH	2.1 TITLE: PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 13011 SW 259 STREET	CITY-ST-ZIP: PRINCETON FL	2.2 NAME	
TITLE: SD <input type="checkbox"/> DELETE	NAME: SCHMALBACH EILATT	2.3 STREET ADDRESS	
STREET ADDRESS: 25225 SW 152 AVENUE	CITY-ST-ZIP: HOMESTEAD FL	2.4 CITY-ST-ZIP	
TITLE: D <input type="checkbox"/> DELETE	NAME: MATZA, HARRY	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 24550 SW 183RD AVE.	CITY-ST-ZIP: HOMESTEAD FL 33031	3.2 NAME	
TITLE: <input type="checkbox"/> DELETE	NAME:	3.3 STREET ADDRESS	
STREET ADDRESS:	CITY-ST-ZIP:	3.4 CITY-ST-ZIP	
TITLE: <input type="checkbox"/> DELETE	NAME:	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	4.2 NAME	
TITLE: <input type="checkbox"/> DELETE	NAME:	4.3 STREET ADDRESS	
STREET ADDRESS:	CITY-ST-ZIP:	4.4 CITY-ST-ZIP	
TITLE: <input type="checkbox"/> DELETE	NAME:	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	5.2 NAME	
TITLE: <input type="checkbox"/> DELETE	NAME:	5.3 STREET ADDRESS	
STREET ADDRESS:	CITY-ST-ZIP:	5.4 CITY-ST-ZIP	
TITLE: <input type="checkbox"/> DELETE	NAME:	6.1 TITLE: 1ST VP D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME: MORTON TAYLOR II	
TITLE: <input type="checkbox"/> DELETE	NAME:	6.3 STREET ADDRESS: 16860 SW 277 ST	
STREET ADDRESS:	CITY-ST-ZIP:	6.4 CITY-ST-ZIP: HOMESTEAD FL 33031	

14. 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 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 of 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, with all other like empowered.

SIGNATURE: Carol Silver DATE: 1/12/99 DAYTIME PHONE #: 305-245-1192

CR2E037 (1/98)