


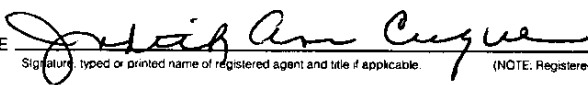
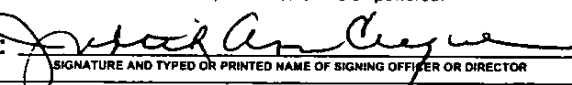
**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90269 011 \*\*\*\*61.25

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<b>DOCUMENT # 762911</b>					
1. Entity Name <b>HOMESTEAD JEWISH COMMUNITY CENTER, INC.</b>					
Principal Place of Business 183 NE 8TH STREET HOMESTEAD, FL 33030 US			Mailing Address 13011 S.W. 259 STREET HOMESTEAD, FL 33032 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1611197	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CREQUE, JUDITH ANN 13011 SW 259TH STREET HOMESTEAD, FL 33032			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	1VP	<input checked="" type="checkbox"/> Delete	TITLE	2ND VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SILVER, DARRYL		NAME	LAWRENCE CREQUE	
STREET ADDRESS	25900 SW 152 AVE.		STREET ADDRESS	15011 SW 259 STREET	
CITY-ST-ZIP	HOMESTEAD, FL 33032		CITY-ST-ZIP	PRINCETON, FL 33032	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CREQUE, JUDITH		NAME		
STREET ADDRESS	13011 SW 259 STREET		STREET ADDRESS		
CITY-ST-ZIP	PRINCETON, FL		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	1ST VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARREN, BRADLEIGH		NAME		
STREET ADDRESS	7435 SW 146 CT		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33183		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENTINGER, JUSTIN		NAME		
STREET ADDRESS	6602 SW 166 CT		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33195		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
				1/17/06 305-218-5670	
				Date Daytime Phone #	