


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90001 019 ****70.00

40025430



DOCUMENT # 762911					
1. Entity Name HOMESTEAD JEWISH COMMUNITY CENTER, INC.					
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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01112008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-1611197	
Zip		Country		5. Certificate of Status Desired - <input checked="" 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: <i>Judith Ann Creque</i>		DATE: 2/15/08			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CREQUE, JUDITH		NAME		
STREET ADDRESS	13011 SW 259 ST		STREET ADDRESS		
CITY-ST-ZIP	PRINCETON, FL 33032		CITY-ST-ZIP		
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CREQUE, LAWRENCE		NAME		
STREET ADDRESS	13011 SW 259 STREET		STREET ADDRESS		
CITY-ST-ZIP	PRINCETON, FL 33032		CITY-ST-ZIP		
TITLE	1VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CARREN, BRADLEIGH		NAME	<i>1VP SANDY LIEBOWITZ</i>	
STREET ADDRESS	7435 SW 146 CT		STREET ADDRESS	<i>1480 SW 60 Ave</i>	
CITY-ST-ZIP	MIAMI, FL 33183		CITY-ST-ZIP	<i>MIAMI, FL 33158</i>	
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input 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: <i>Judith Ann Creque</i>		DATE: 2/15/08		TREASURER	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	