

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000616

FILED
Mar 09, 2009
Secretary of State

Entity Name: JEWISH GENEALOGICAL SOCIETY OF BROWARD COUNTY, INC.

Current Principal Place of Business:

7473 N.W. 4TH ST.
PLANTATION, FL 33317

New Principal Place of Business:

Current Mailing Address:

7473 N.W. 4TH ST.
PLANTATION, FL 33317

New Mailing Address:

FEI Number: 04-3678151

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOLTNOW, H. ROBERT
7473 N.W. 4TH ST.
PLANTATION, FL 33317 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SOFMAN, MICHAEL
Address: 11155 SW 40TH ST.
City-St-Zip: DAVIE, FL 33228

Title: SD () Delete
Name: BEN-EZRA, JOYCE
Address: 3501 KEYSOR AVE 24
City-St-Zip: HOLLYWOOD, FL 33019

Title: TD () Delete
Name: FEUER, BRENDA
Address: 5950 DEL LAGO CIR 105
City-St-Zip: SUNRISE, FL 33313

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: PITTELL, ROBERT
Address: 4920 PIERCE STREET
City-St-Zip: HOLLYWOOD, FL 33021

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL SOFMAN

PD

03/09/2009

Electronic Signature of Signing Officer or Director

Date