



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90028 047 ****61.25

DOCUMENT # N02000002167					
1. Entity Name THE ROSE AND JACK ORLOFF CENTRAL AGENCY FOR JEWISH EDUCATION OF BROWARD COUNTY, INC.					
Principal Place of Business 5890 SOUTH PINE ISLAND RD. DAVIE, FL 33328			Mailing Address 5890 SOUTH PINE ISLAND RD. DAVIE, FL 33328		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01122004 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number 03-0429765	
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	
COHN, ALAN B ESQ 2021 TYLER STREET HOLLYWOOD, FL 33020				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 _____ (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. <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 D NAME BERZOFKY, CARYL STREET ADDRESS 5101 W PARK ROAD CITY-ST-ZIP HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete		TITLE D NAME SHER, TOVA STREET ADDRESS 3730 N 32 TERRACE CITY-ST-ZIP HOLLYWOOD, FL 33021	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME GOBER, FRANK DR. STREET ADDRESS 9500 NW 44TH PLACE CITY-ST-ZIP CORAL SPRINGS, FL 33065	<input type="checkbox"/> Delete		TITLE D NAME BERZOFKY SEYMOUR STREET ADDRESS 1000 ST. CHARLES PL. CITY-ST-ZIP Pembroke Pines FL 33026	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME BAKER, CHARLOTTE STREET ADDRESS 3821 ENVIRON BLVD CITY-ST-ZIP LAUDERHILL, FL 33319	<input type="checkbox"/> Delete		TITLE D NAME COHN, ALAN STREET ADDRESS 8800 N LAKE DASHES DRIVE CITY-ST-ZIP PLANTATION, FL 33324	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME BROT, KARL DR. STREET ADDRESS 2920 HUNTER ROAD CITY-ST-ZIP WESTON, FL 33331	<input checked="" type="checkbox"/> Delete		TITLE D NAME GRUBER, COOKIE STREET ADDRESS 5031 N 36TH STREET CITY-ST-ZIP HOLLYWOOD, FL 33021	<input checked="" type="checkbox"/> Delete	
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: <i>Caryl Berzofsky</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <i>3/24/04</i>		Daytime Phone #: <i>954 450-7329</i>