

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002167

FILED  
Jun 20, 2007  
Secretary of State

**Entity Name:** THE ROSE AND JACK ORLOFF CENTRAL AGENCY FOR JEWISH EDUCATION OF BROWARD COUNTY, INC.

**Current Principal Place of Business:**

5890 SOUTH PINE ISLAND ROAD  
DAVIE, FL 33328

**New Principal Place of Business:**

**Current Mailing Address:**

5890 SOUTH PINE ISLAND ROAD  
DAVIE, FL 33328

**New Mailing Address:**

**FEI Number:** 03-0429765      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

COHN, ALAN B ESQ  
100 WEST CYPRESS CREEK ROAD  
SUITE 700  
FT. LAUDERDALE, FL 33309 US

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: D ( ) Delete  
Name: BERZOFSKY, CARYL  
Address: 1000 ST. CHARLES PLACE  
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D ( ) Delete  
Name: GOBER, FRANK DR.  
Address: 9500 NW 44TH PLACE  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D ( ) Delete  
Name: BERZOFSKY, SEYMOUR  
Address: 1000 ST. CHARLES PLACE 504  
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D ( ) Delete  
Name: SHER, TOVA  
Address: 3730 NORTH 32 TERRACE  
City-St-Zip: HOLLYWOOD, FL 33021

Title: D ( ) Delete  
Name: COHN, ALAN  
Address: 8800 NORTH LAKE DASHA DRIVE  
City-St-Zip: PLANTATION, FL 33324

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: COHN, ALAN B ESQ.  
Address: 100 WEST CYPRESS CREEK ROAD  
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: VP (X) Change ( ) Addition  
Name: GOLDENBERG, MARA  
Address: 5890 SOUTH PINE ISLAND ROAD  
City-St-Zip: DAVIE, FL 33328

Title: S (X) Change ( ) Addition  
Name: BLATTNER, ANNE  
Address: 5890 SOUTH PINE ISLAND ROAD  
City-St-Zip: DAVIE, FL 33328

Title: T (X) Change ( ) Addition  
Name: BERZOFSKY, SEYMOUR  
Address: 5890 SOUTH PINE ISLAND ROAD  
City-St-Zip: DAVIE, FL 33328

Title: VP (X) Change ( ) Addition  
Name: KRANE, STUART  
Address: 5890 SOUTH PINE ISLAND ROAD  
City-St-Zip: DAVIE, FL 33328

Title: VP ( ) Change (X) Addition  
Name: GOLDSTEIN, MAURICE  
Address: 5890 SOUTH PINE ISLAND ROAD  
City-St-Zip: DAVIE, FL 33328

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: ALAN B. COHN

P

06/20/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date