

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-15-2008 90011 003 ****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 ROAD
DAVIE, FL 33328**

Mailing Address
**5890 SOUTH PINE ISLAND ROAD
DAVIE, FL 33328**

50002474



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01032008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
03-0429765

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **COHN, ALAN B ESQ.**
STREET ADDRESS **100 WEST CYPRESS CREEK ROAD**
CITY-STATE-ZIP **FT. LAUDERDALE, FL 33309**

TITLE **VP** ☒ Delete
NAME **GOLDENBERG, MARA**
STREET ADDRESS **5890 SOUTH PINE ISLAND ROAD**
CITY-STATE-ZIP **DAVIE, FL 33328**

TITLE **S** ☐ Delete
NAME **BLATTNER, ANNE**
STREET ADDRESS **5890 SOUTH PINE ISLAND ROAD**
CITY-STATE-ZIP **DAVIE, FL 33328**

TITLE **T** ☐ Delete
NAME **BERZOFKY, SEYMOUR**
STREET ADDRESS **5890 SOUTH PINE ISLAND ROAD**
CITY-STATE-ZIP **DAVIE, FL 33328**

TITLE **VP** ☐ Delete
NAME **KRANE, STUART**
STREET ADDRESS **5890 SOUTH PINE ISLAND ROAD**
CITY-STATE-ZIP **DAVIE, FL 33328**

TITLE **VP** ☐ Delete
NAME **GOLDSTEIN, MAURICE**
STREET ADDRESS **5890 SOUTH PINE ISLAND ROAD**
CITY-STATE-ZIP **DAVIE, FL 33328**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **VP** ☐ Change ☐ Addition
NAME **Stuart Epstein**
STREET ADDRESS **5890 South Pine Island Road**
CITY-STATE-ZIP **DAVIE, FL 33328**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **VP** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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:

Seymour Berzofsky
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Seymour Berzofsky

26/08/08 604-19433509-0