

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002167

FILED
Apr 20, 2012
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 ()

Name and Address of Current Registered Agent:

COHN, ALAN B ESQ
100 WEST CYPRESS CREEK ROAD
SUITE 700
FT. LAUDERDALE, FL 33309 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: P
Name: DRUSS, WANDY
Address: 5890 S. PINE ISLAND ROAD
City-St-Zip: DAVIE, FL 33328

Title: VP
Name: GREENBERG, BRUCE
Address: 5890 SOUTH PINE ISLAND ROAD
City-St-Zip: DAVIE, FL 33328

Title: S
Name: WIENER, JUDY
Address: 5890 SOUTH PINE ISLAND ROAD
City-St-Zip: DAVIE, FL 33328

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

Title: VP
Name: FELDMAN, CRAIG
Address: 5890 SOUTH PINE ISLAND ROAD
City-St-Zip: DAVIE, FL 33328

Title: VP
Name: BLATTNER, ANNE
Address: 5890 SOUTH PINE ISLAND ROAD
City-St-Zip: DAVIE, FL 33328

I hereby 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 all other like empowered.

SIGNATURE: DR. MOSHE PAPO

ED

04/20/2012

Electronic Signature of Signing Officer or Director

_____ Date