2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006999

FILED Jul 05, 2006 Secretary of State

Entity Name: BROWARD FOUNDATION FOR JEWISH EDUCATION, INC.

Current Principal Place of Business: New Principal Place of Business: 5890 SOUTH PINE ISLAND ROAD DAVIE, FL 33328 **Current Mailing Address: New Mailing Address:** 5890 SOUTH PINE ISLAND ROAD DAVIE, FL 33328 FFI Number: FEI Number Applied For (X) 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 COHN, ALAN B 100 WEST CYPRESS CREEK ROAD - SUITE 700 100 WEST CYPRESS CREEK ROAD FT. LAUDERDALE, FL 33309 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: ALAN B. COHN 07/05/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition BAKER, CHARLOTTE COHN, ALAN B Name: Name: 3821 ENVIRON BOULEVARD Address: 100 WEST CYPRESS CREEK ROAD, SUITE 700 Address: City-St-Zip: LAUDERHILL, FL 33319 City-St-Zip: FT. LAUDERDALE, FL 33309 Title: () Delete Title: (X) Change () Addition COHN, ALAN B Name: BAKER, CHARLOTTE Name: Address: 100 W. CYPRESS CREEK ROAD Address: 3821 ENVIRON BOULEVARD City-St-Zip: FT. LAUDERDALE, FL 33309 City-St-Zip: LAUDERHILL, FL 33319 Title: () Delete Title: () Change () Addition GOLDENBERG, MARA Name: Name: 3510 NORTH 55 AVENUE Address: Address: City-St-Zip: HOLLYWOOD, FL 33021 City-St-Zip: Title: () Delete Title: () Change () Addition Name: GOLDSTEIN, MAURICE Name: Address: 12655 EAGLE TRACE BOULEVARD W Address: City-St-Zip: CORAL SPRINGS, FL 33071 City-St-Zip: Title: () Delete Title: () Change () Addition GRUBER, COOKIE Name: Name: 5031 NORTH 36 STREET Address: Address: City-St-Zip: HOLLYWOOD, FL 33021 City-St-Zip: Title: () Delete Title: () Change () Addition SHER TOVA Name: Name: Address: 21150 POINT PLACE, NO. 505 Address: AVENTURA, FL 33180 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 D 07/05/2006