2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 10, 2006
Secretary of State

DOCUMENT# N05000006999

Entity Name: BROWARD FOUNDATION FOR JEWISH EDUCATION, 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: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COHN, ALAN B
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:	D	( ) Delete
Name:	COHN, ALAN B	
Address:	100 WEST CYPRESS CREEK ROAD, SUITE 700	
City-St-Zip:	FT. LAUDERDALE, FL 33309	
Title:	D	( ) Delete
Name:	BAKER, CHARLOTTE	
Address:	3821 ENVIRON BOULEVARD	
City-St-Zip:	LAUDERHILL, FL 33319	
Title:	D	( ) Delete
Name:	GOLDENBERG, MARA	
Address:	3510 NORTH 55 AVENUE	
City-St-Zip:	HOLLYWOOD, FL 33021	
Title:	D	( ) Delete
Name:	GOLDSTEIN, MAURICE	
Address:	12655 EAGLE TRACE BOULEVARD W	
City-St-Zip:	CORAL SPRINGS, FL 33071	
Title:	D	( ) Delete
Name:	GRUBER, COOKIE	
Address:	5031 NORTH 36 STREET	
City-St-Zip:	HOLLYWOOD, FL 33021	
Title:	D	( ) Delete
Name:	SHER, TOVA	
Address:	21150 POINT PLACE, NO. 505	
City-St-Zip:	AVENTURA, FL 33180	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	YEVELSON, HERBERT	
Address:	2213 NE 17TH COURT	
City-St-Zip:	FT. LAUDERDALE, FL 33305	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
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 07/10/2006

Electronic Signature of Signing Officer or Director — Date