

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # N05000006999

1. Entity Name
**THE FOUNDATION FOR JEWISH CONTINUITY 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**



04082008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3146311

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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**

000000911164
05/07/08-90029-012-61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COHN, ALAN B 100 WEST CYPRESS CREEK ROAD, SUITE 700 FT. LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KRANE, STUART 5890 SOUTH PINE ISLAND ROAD DAVIE, FL 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DRUSS, WANDY 5890 SOUTH PINE ISLAND ROAD DAVIE, FL 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GOLDSTEIN, MAURICE 12655 EAGLE TRACE BOULEVARD W CORAL SPRINGS, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/9/08