

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006999

FILED
Mar 27, 2009
Secretary of State

Entity Name: THE FOUNDATION FOR JEWISH CONTINUITY 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: 20-3146311

FEI Number Applied For ()

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: P () Delete
Name: COHN, ALAN B
Address: 100 WEST CYPRESS CREEK ROAD, SUITE 700
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: VP () Delete
Name: KRANE, STUART
Address: 5890 SOUTH PINE ISLAND ROAD
City-St-Zip: DAVIE, FL 33328

Title: VP () Delete
Name: DRUSS, WANDY
Address: 5890 SOUTH PINE ISLAND ROAD
City-St-Zip: DAVIE, FL 33328

Title: VP () Delete
Name: GOLDSTEIN, MAURICE
Address: 12655 EAGLE TRACE BOULEVARD W
City-St-Zip: CORAL SPRINGS, FL 33071

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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

P

03/27/2009

Electronic Signature of Signing Officer or Director

Date