

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18349

FILED
Feb 11, 2005
Secretary of State

Entity Name: THE DAVE AND MARY ALPER JEWISH COMMUNITY CENTER, INC.

Current Principal Place of Business:

11155 SW 112 AVE
MIAMI, FL 33176 US

New Principal Place of Business:

Current Mailing Address:

11155 SW 112 AVE
MIAMI, FL 33176 US

New Mailing Address:

FEI Number: 59-2736411

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERNSTEIN, RICHARD N.
COHEN, BERKE, BERNSTEIN, BRODIE & KONDELL
2601 S BAYSHORE DR.
MIAMI, FL 33133 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: ROSEN, EDWARD,
Address: 11155 SW 112 AVE.
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: RAWICZ, JORGE
Address: 9415 S W 72 ST SUITE 111
City-St-Zip: MIAMI, FL 33173

Title: DP () Delete
Name: BRODIE, SHELLY
Address: 701 BRICKELL AVE. #1300
City-St-Zip: MIAMI, FL 33131

Title: DS () Delete
Name: DAVIDSON, BETH
Address: 11155 SW 112 AVENUE
City-St-Zip: MIAMI, FL

Title: DVP () Delete
Name: GROSSMAN, BILL
Address: 11155 S W 112 AVE
City-St-Zip: MIAMI, FL 33176

Title: DT () Delete
Name: GOLDSTEIN, MARCY
Address: 11421 S.W. 72 CT.
City-St-Zip: MIAMI, FL 33156

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
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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 Section 119.07(3)(i), 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: EDWARD ROSEN

D

02/11/2005

Electronic Signature of Signing Officer or Director

Date