


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2008 8:00 am
Secretary of State

01-15-2008 90039 039 ****70.00

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1. Entity Name
MICHAEL-ANN RUSSELL JEWISH COMMUNITY CENTER, INC



Principal Place of Business
**18900 NE 25TH AVENUE
 N. MIAMI, FL 33180**

Mailing Address
**18900 NE 25TH AVENUE
 N. MIAMI, FL 33180**

DO NOT WRITE IN THIS SPACE



01042008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2791269	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE, FL 32301**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee Is \$61.25
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCB DRUCKER, TERRY 16020 WEST PRESWICK DRIVE MIAMI LAKES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCB SEGAL, MICHAEL 2270 NORTHEAST 202 STREET NORTH MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAFFEL, FORREST 19331 NORTHEAST 19 PLACE NORTH MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILVERS, STEVEN 3727 NE 214 ST N MIAMI BEACH, FL 33180 <i>jeffrey scheck 19400 AMBA SSANDER CT N. Miami Beach 33177</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOMZER, GARY 4510 NORTH JEFFERSON MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANONO, FANNY 1452 PRESIDENTIAL WAY MIAMI, FL 33180

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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: *Dary & Boony* **1-4-08** **305-932-4200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #