


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 22, 2006 8:00 am**  
**Secretary of State**

02-22-2006 90006 033 \*\*\*\*61.25

**DOCUMENT # N37451**  
1. Entity Name  
**YOUNG ISRAEL OF PEMBROKE PINES, INC.**



Principal Place of Business      Mailing Address  
13600 SW 10TH STREET      13600 SW 10TH STREET  
PEMBROKE PINES FL 33027      PEMBROKE PINES FL 33027



2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
City & State      City & State  
Zip      Country      Zip      Country

1st MOORE      CR2E037 (10/05)

4. FEI Number **65-074336**      Applied For  
**NOT APPLICABLE**      Not Applicable  
5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**BADER, DAVID**  
**1301 SW 134 WAY**  
**B101**  
**PEMBROKE PINES FL 33027**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      **FL**      Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>WOLF, HAROLD</b> <input checked="" type="checkbox"/> Delete <b>550 SW 137 AVENUE ALLT. L304</b> <b>PEMBROKE PINES FL 33027</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> <b>SEVEL, ALEXANDER</b> <input checked="" type="checkbox"/> Delete <b>770 SW 142 AVENUE ALLT.S 308</b> <b>PEMBROKE PINES FL 33027</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PS</b> <input checked="" type="checkbox"/> Delete <b>BADER, DAVID</b> <b>1301 SW 134 WAY, B101</b> <b>PEMBROKE PINES FL 33024</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete <b>DAMATOW, MRS SONNY</b> <b>12955 W 16TH CT APT M314</b> <b>PEMBROKE PINES FL 33027</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <input checked="" type="checkbox"/> Delete <b>BALGLEY, JOEL</b> <b>13100 SW 11TH CT #C-214</b> <b>PEMBROKE PINES FL 33027</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Poplak, Alvin</b> <b>13700 S.W. 11St. Apt.201</b> <b>Pembroke pines, FL 33027</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>T. Bader, David</b> <b>1201 S.W. AptB101</b> <b>Pembroke Pines, FL 33027</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>PS Yuter, Miriam</b> <b>571 S.W. 140 Ave. Apt.O 203</b> <b>Pembroke Pines, FL 33027</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>V.P. Levine, Melvin</b> <b>13101 S.W. 15 Ct. Apt. R212</b> <b>Pembroke Pines, FL 33027</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

*David Bader*      2/22/06      054 452 1101