

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 06, 2008 8:00 am**  
**Secretary of State**

02-06-2008 90021 040 \*\*\*\*61.25



**DOCUMENT # N37451**

1. Entity Name

YOUNG ISRAEL OF PEMBROKE PINES, INC.

Principal Place of Business

13600 SW 10TH STREET  
 PEMBROKE PINES FL 33027

Mailing Address

13600 SW 10TH STREET  
 PEMBROKE PINES FL 33027



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State

City & State

4. FEI Number

65-0241356

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BADER, DAVID  
 1301 SW 134 WAY  
 B101  
 PEMBROKE PINES FL 33027

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature is required when changing)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By: May 1, 2008**

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	P	<input type="checkbox"/> Delete
NAME	ZAROMBA, BENJAMIN	
STREET ADDRESS	650 SW 124TH TERRACE	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	
TITLE	T	<input type="checkbox"/> Delete
NAME	BADER, DAVID	
STREET ADDRESS	1201 SW APT B101	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	
TITLE	PS	<input type="checkbox"/> Delete
NAME	YUTER, MIRIAM	
STREET ADDRESS	571 SW 140 AVE APT O203	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAROLD WOLF	
STREET ADDRESS	550 S.W. 137th AVE APT L304	
CITY-ST-ZIP	PEMBROKE PINES, FL 33027	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID BADER	
STREET ADDRESS	1301 S.W. 134th WAY APT B101	
CITY-ST-ZIP	PEMBROKE PINES, FL. 33027	
TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joseph Berger	
STREET ADDRESS	1100 SW 130 AVE APT H 404	
CITY-ST-ZIP	PEMBROKE PINES, FL. 33027	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE: David Bader TREAS DAVID BADER 1/25/08 954-450-1191