

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2007 8:00 am**  
**Secretary of State**

02-16-2007 90039 047 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                               |                                                                                                   |                                                                                                                                                                              |                                                                                                        |                                                                                         |
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| <b>DOCUMENT # N93000000227</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                               |                                                                                                   |                                                                                                                                                                              |                                                                                                        |                                                                                         |
| <b>1. Entity Name</b><br>JEWISH COMMUNITY FACILITIES CORPORATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                               |                                                                                                   |                                                                                                                                                                              |                                                                                                        |                                                                                         |
| <b>Principal Place of Business</b><br>9901 DONNA KLEIN BLVD.<br>BOCA RATON, FL 33428-1788                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                               |                                                                                                   | <b>Mailing Address</b><br>9901 DONNA KLEIN BLVD.<br>BOCA RATON, FL 33428-1788                                                                                                |                                                                                                        |                                                                                         |
| <b>2. Principal Place of Business - No P.O. Box #</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                               | <b>3. Mailing Address</b>                                                                         |                                                                                                                                                                              |                                                                                                        |                                                                                         |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                               | Suite, Apt. #, etc.                                                                               |                                                                                                                                                                              |                                                                                                        |                                                                                         |
| <b>City &amp; State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                               | <b>City &amp; State</b>                                                                           |                                                                                                                                                                              | <b>4. FEI Number</b><br>65-0446896                                                                     |                                                                                         |
| <b>Zip</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                               | <b>Country</b>                                                                                    |                                                                                                                                                                              | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                                                                                         |
| <b>6. Name and Address of Current Registered Agent</b><br><br>GORTZ, ALBERT W<br>2255 GLADES RD STE 340W<br>BOCA RATON, FL 33431                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                               |                                                                                                   | <b>7. Name and Address of New Registered Agent</b><br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>_____<br>City _____ <b>FL</b> Zip Code _____ |                                                                                                        |                                                                                         |
| <b>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.</b><br><br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                 |                                                                               |                                                                                                   |                                                                                                                                                                              |                                                                                                        |                                                                                         |
| <b>Filing Fee is \$61.25 Due by May 1, 2007</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                               | <b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                                                              | <b>Make check payable to Florida Department of State</b>                                               |                                                                                         |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                               |                                                                                                   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                                                                 |                                                                                                        |                                                                                         |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>D</b><br>BERNSTEIN, WILLIAM<br>3256 ST ANNES DRIVE<br>BOCA RATON, FL 33496 | <input checked="" type="checkbox"/> Delete                                                        | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                        | <b>D</b><br>Larry Aitschul<br>5828 Waterford<br>Boca Raton, FL 33494                                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>P</b><br>ZIMMERMAN, ETTA<br>18011 LAKE ESTATE DT<br>BOCA RATON, FL 33496   | <input type="checkbox"/> Delete                                                                   | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                        | <b>D</b><br>Barry Podolsky<br>3951 NW 58th PL<br>BOCA RATON, FL 33496                                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>D</b><br>HARRIS, STEWART<br>7475 DUBLIN DR<br>BOCA RATON, FL 33433         | <input checked="" type="checkbox"/> Delete                                                        | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                        | <b>D</b><br>Michael Weinberg<br>6570 NW 38th Ct.<br>Boca Raton, FL 33496                               | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                               | <input type="checkbox"/> Delete                                                                   | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                        | <b>D</b><br>Stephen Melker<br>2862 Tennyson Ct<br>BOCA RATON, FL 33433                                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                               | <input type="checkbox"/> Delete                                                                   | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| <b>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.</b> |                                                                               |                                                                                                   |                                                                                                                                                                              |                                                                                                        |                                                                                         |
| <b>SIGNATURE:</b> <u>Yetta Zimmerman</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                               |                                                                                                   | <b>1/25/07</b>                                                                                                                                                               |                                                                                                        |                                                                                         |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                               |                                                                                                   | Date Daytime Phone #                                                                                                                                                         |                                                                                                        |                                                                                         |