SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $300)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 25 AM 8:08

DOCUMENT # N93000001830 (9)

1. Corporation Name

WEST BROWARD JEWISH CENTER, INC.

Principal Place of Business	Mailing Address
9140 N.W. 14TH ST. PLANTATION FL 33322	P.O. BOX 451138 SUNRISE FL 33345

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/23/1993
3a. Date of Last Report: 07/07/1994
4. FEI Number: 65-0413777 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE		☐ Change ☐ Addition
NAME	SIMON, RON	12 NAME		
STREET ADDRESS	412 S.W. 12TH COURT	13 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33315	14 CITY-ST-ZIP		
TITLE	DV	21 TITLE		☐ Change ☐ Addition
NAME	DELL, STEVEN	22 NAME		
STREET ADDRESS	2404 HOLLYWOOD BLVD.	23 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33020	24 CITY-ST-ZIP		
TITLE	DT	31 TITLE		☐ Change ☐ Addition
NAME	REISS, STANLEY	32 NAME		
STREET ADDRESS	9140 N.W. 14 ST.	33 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL 33322	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	GRUVMAN, ED	42 NAME		
STREET ADDRESS	4026 INVERRARY BLVD., TOWNHOUSE 8A	43 STREET ADDRESS		
CITY-ST-ZIP	LAUDERHILL FL 33319	44 CITY-ST-ZIP		
TITLE	DS	51 TITLE		☐ Change ☐ Addition
NAME	SABGHIR, J M	52 NAME		
STREET ADDRESS	2398 S. DIXIE HWY	53 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33133	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☒ Addition
NAME		62 NAME	ALLEN M BUSCH	
STREET ADDRESS		63 STREET ADDRESS	DS 304 NW 97TH AVE	
CITY-ST-ZIP		64 CITY-ST-ZIP	PLANTATION, FL 33324	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 6/28/95 (305) 421-4214
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ALLEN M BUSCH

CR2E037 (3/95)

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