

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, FL 32399
Secretary of State
1995-1996 FILING YEAR

APPROVED
FILED

MAY 1 1995

CLERK OF THE COURT
TALLAHASSEE, FL 32399

DOCUMENT # N93000002148 (5)

CORAL SPRINGS JEWISH CENTER, INCORPORATED

Principal Place of Business: 10444 W ATLANTIC BLVD
CORAL SPRINGS FL 33071-7152
US

Mailing Address: 978 RAMBLEWOOD DR
CORAL SPRINGS FL 33071-7152

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified	3a. Date of Last Report
05/11/1993	07/26/1994
4. FEI Number	Applied For
65-0574426	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	\$68.75 Supplemental Fee Not Required
☒	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

GREENE, STEVEN
978 RAMBLEWOOD DR
CORAL SPRINGS FL 33071-7152

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Steven S. Greene April 15, 1995

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GREENE, STEVEN
STREET ADDRESS	978 RAMBLEWOOD DR.
CITY, ST, ZIP	CORAL SPRINGS FL
TITLE	VD
NAME	BELLAN, JACK
STREET ADDRESS	5542 Pine Circle
CITY, ST, ZIP	CORAL SPRINGS FL 33067
TITLE	D
NAME	JANOFF, STEVE
STREET ADDRESS	10459 NW 1ST CT.
CITY, ST, ZIP	CORAL SPRINGS FL
TITLE	D
NAME	ROSENBERG, RON
STREET ADDRESS	10412 NW 6 CT.
CITY, ST, ZIP	CORAL SPRINGS FL
TITLE	T
NAME	KENT, HOWARD
STREET ADDRESS	7822 N.W. 68 Terrace
CITY, ST, ZIP	Tamarac, FL 33321
TITLE	S
NAME	FUCHS, ALLYN
STREET ADDRESS	1192 Royal Palm Blvd.
CITY, ST, ZIP	CORAL SPRINGS FL 33067

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	☐ Change ☐ Addition
12. NAME	
13. STREET ADDRESS	
14. CITY, ST, ZIP	
21. TITLE	☒ Change ☐ Addition
22. NAME	VD
23. STREET ADDRESS	Henry Fuchs
24. CITY, ST, ZIP	10501 N.W. 70 Street Tamarac, FL 33321
31. TITLE	☐ Change ☐ Addition
32. NAME	
33. STREET ADDRESS	
34. CITY, ST, ZIP	
41. TITLE	☐ Change ☐ Addition
42. NAME	
43. STREET ADDRESS	
44. CITY, ST, ZIP	
51. TITLE	☒ Change ☐ Addition
52. NAME	T
53. STREET ADDRESS	Bruce Butler
54. CITY, ST, ZIP	10771 N.W. 5 Place Coral Springs, FL 33071
61. TITLE	☒ Change ☐ Addition
62. NAME	S
63. STREET ADDRESS	Adrienne Berger
64. CITY, ST, ZIP	9985 W. Atlantic Blvd. Coral Springs, FL 33071

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not equate to a public record. 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 Statute, and that my name appears in Block 12 or 13, 4, 13, 14, 21, 22, 31, 32, 41, 42, 51, 52, 61, 62, or 63 of this document with an address.

SIGNATURE: [Signature]
NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/95 (305) 344-3600