

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N93000002148 (5)**

1. Corporation Name

CORAL SPRINGS JEWISH CENTER, INCORPORATED

Principal Place of Business

Mailing Address

**10444 W ATLANTIC BLVD.
CORAL SPRINGS FL 33071-7152
US**

**978 RAMBLEWOOD DR
CORAL SPRINGS FL 33071-7152**



3. Date Incorporated or Qualified

05/11/1993

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0574426

Applied For

Not Applicable

5. Certificate Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

Bruce S. Butler

82 Street Address (P.O. Box Number is Not Acceptable)

10771 N.W. 5th Pl

83

84 City

Coral Springs

FL

85 Zip Code

33071

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

[Signature]

4/17/96

796-1900

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GREENE, STEVEN	
STREET ADDRESS	978 RAMBLEWOOD DR.	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	FUCHS, HENRY	
STREET ADDRESS	10501 N W 70TH STREET	
CITY-ST-ZIP	TAMARAC FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JANOFF, STEVE	
STREET ADDRESS	10459 NW 1ST CT.	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROSENBERG, RON	
STREET ADDRESS	10412 NW 6 CT.	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BUTLER, BRUCE	
STREET ADDRESS	10771 N W 5TH PLACE	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BERGER, ADRIENNE	
STREET ADDRESS	9985 W ATLANTIC BLVD	
CITY-ST-ZIP	CORAL SPRINGS FL	

1.1 TITLE	President / Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Battin Mark	
1.3 STREET ADDRESS	6641 N.W. 23 Street	
1.4 CITY-ST-ZIP	Maryland, Fla. 33063	
2.1 TITLE	V. President / Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Rosenblum, Richard	
2.3 STREET ADDRESS	9264 N.W. 66 Pl	
2.4 CITY-ST-ZIP	Parkland Fla 33076	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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)(k), 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

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/96

DATE

796-1900

DAYTIME PHONE #

CR2E037 (12/95)