

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90051 011 ****61.25

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1. Corporation Name

CORAL SPRINGS JEWISH CENTER, INCORPORATED

Principal Place of Business

**1400 CORAL SPRINGS DR
CORAL SPRINGS FL 33071
US**

Mailing Address

**1400 CORAL SPRINGS DR
CORAL SPRINGS FL 33071
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

05/11/1993

4. FEI Number

65-0574426

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

9. Name and Address of Current Registered Agent

**GLASER, BRUCE
4323 NW 65TH TERR
CORAL SPRINGS FL 33067**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **SPECTOR, KENNETH**

STREET ADDRESS **11 SW 111 LANE**

CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE **VP** ☒ DELETE

NAME **KULIK, SHELDON**

STREET ADDRESS **1200 NW 87 AV #116 BOX 8**

CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE **TD** ☐ DELETE

NAME **MARCUS, GAIL**

STREET ADDRESS **913 RAMBLEWOOD DR**

CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE **RS** ☒ DELETE

NAME **FOGEL, DIANE**

STREET ADDRESS **8953 NW 1ST ST**

CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE **D** ☐ DELETE

NAME **GLASER, BRUCE**

STREET ADDRESS **4323 NW 65TH TER**

CITY-ST-ZIP **CORAL SPRINGS FL 33067**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
BRUCE GLASER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/99 (954) 344.3600
Date Daytime Phone #

CR25037 (11/98)