

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 737796

**Entity Name:** SAMUEL M. AND HELENE SOREF, JEWISH COMMUNITY CENTER, INC.

**FILED**  
**Mar 20, 2019**  
**Secretary of State**  
**6123587985CC**

**Current Principal Place of Business:**

6501 W SUNRISE BLVD  
FT. LAUDERDALE, FL 33313

**Current Mailing Address:**

6501 W SUNRISE BLVD  
FT. LAUDERDALE, FL 33313

**FEI Number: 59-1766701**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

GRAW, DONALD  
6501 W. SUNRISE BLVD  
PLANTATION, FL 33313 US

*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.*

**SIGNATURE: DONALD GRAW**

**03/20/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name SCHMIDT, MARK  
Address 6501 W SUNRISE BLVD  
City-State-Zip: FT. LAUDERDALE FL 33313

Title VP  
Name DELINKO-PETERS, FRANCES  
Address 760 NW 67TH AVENUE  
City-State-Zip: PLANTATION FL 33317

Title VP  
Name ABRAMOWITZ, ROSS  
Address 6501 W SUNRISE BLVD  
City-State-Zip: FT. LAUDERDALE FL 33313

Title SECRETARY  
Name GONZALEZ-LEVINE, OLGA  
Address 6501 W SUNRISE BLVD  
City-State-Zip: FT. LAUDERDALE FL 33313

Title TREASURER  
Name STEINBERG, ADAM  
Address 6501 W SUNRISE BLVD  
City-State-Zip: FT. LAUDERDALE FL 33313

Title VP  
Name RASKIN, SHERYL  
Address 6501 W SUNRISE BLVD  
City-State-Zip: FT. LAUDERDALE FL 33313

Title ASSISTANT TREASURER  
Name EHRLICH, SHOSHANNA  
Address 6501 W. SUNRISE BLVD  
City-State-Zip: PLANTATION FL 33313

Title CHIEF EXECUTIVE OFFICER  
Name GRAW, DONALD  
Address 6501 W.SUNRISE BLVD  
City-State-Zip: PLANTATION FL 33313

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: DONALD GRAW**

**CHIEF EXECUTIVE  
OFFICER**

**03/20/2019**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title VP  
Name ITZLER, PETER  
Address 6501 W SUNRISE BLVD  
City-State-Zip: FT. LAUDERDALE FL 33313