

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 737796

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

**FILED**  
**Feb 27, 2024**  
**Secretary of State**  
**5772378427CC**

**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: Yes**

**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**

**02/27/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	CHAIRMAN	Title	TREASURER, TREASURER
Name	SMITH, SHERI	Name	BERKOVITS, JOE
Address	6501 W SUNRISE BLVD	Address	6501 W. SUNRISE BLVD
City-State-Zip:	FT. LAUDERDALE FL 33313	City-State-Zip:	PLANTATION FL 33313
Title	CHIEF EXECUTIVE OFFICER	Title	ASST. TREASURER
Name	GRAW, DONALD	Name	PENNY, CUKIER
Address	6501 W.SUNRISE BLVD	Address	6501 W SUNRISE BLVD
City-State-Zip:	PLANTATION FL 33313	City-State-Zip:	FT. LAUDERDALE FL 33313
Title	SECRETARY		
Name	GALLNER, JILL		
Address	6501 W. SUNRISE BLVD		
City-State-Zip:	PLANTATION FL 33313		

*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**

**CEO**

**02/27/2024**

Electronic Signature of Signing Officer/Director Detail

Date