

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 756975

**FILED**  
**Mar 17, 2020**  
**Secretary of State**  
**7670219486CC**

**Entity Name:** JEWISH COMMUNITY CENTERS OF SOUTH BROWARD, INC.

**Current Principal Place of Business:**

5850 S PINE ISLAND RD  
DAVIE, FL 33328

**Current Mailing Address:**

5850 S PINE ISLAND RD  
DAVIE, FL 33328

**FEI Number:** 59-2075982

**Certificate of Status Desired:** Yes

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

WILEN, BARRY ALLAN ESQ.  
4600 SHERIDAN STREET - STE. 300  
HOLLYWOOD, FL 33021 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:** BARRY WILEN

03/17/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name GILBERT, HEATHER  
Address 5850 SOUTH PINE ISLAND ROAD  
City-State-Zip: DAVIE FL 33328

Title CHAIRMAN  
Name WILEN, DIANE  
Address 5850 SOUTH PINE ISLAND ROAD  
City-State-Zip: DAVIE FL 33328

Title CEO  
Name EHRLICH, SCOTT  
Address 3821 NW 87TH AVENUE  
City-State-Zip: COOPER CITY FL 33024

Title TREASURER  
Name RIGGOT, KEVIN  
Address 5850 SOUTH PINE ISLAND ROAD  
City-State-Zip: DAVIE FL 33328

Title CFO  
Name TURNER, ELAINE  
Address 5850 S. PINE ISLAND RD  
City-State-Zip: DAVIE FL 33028

*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:** ELAINE TURNER

CFO

03/17/2020

Electronic Signature of Signing Officer/Director Detail

Date