2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702652

FILED Jan 04, 2006 Secretary of State

Entity Name: JEWISH COMMUNITY SERVICES OF SOUTH FLORIDA, INC.

US

US

US

Current Principal Place of Business: New Principal Place of Business:

735 NE 125TH STREET NORTH MIAMI, FL 33161

Current Mailing Address: New Mailing Address:

735 NE 125TH STREET NORTH MIAMI, FL 33161

FEI Number: 59-0637867 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SALTMAN, DAVID B 735 NE 125TH STREET NORTH MIAMI, FL 33161

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:

Flacture Constant of Decision of Asset

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:S() DeleteTitle:S(X) Change () AdditionName:WECHSLER, DEBIName:WECHSLER, DEBIAddress:485 LEUCADINORA DRAddress:485 LEUCADENDRA DRCity-St-Zip:CORAL GABLES, FL 33156City-St-Zip:CORAL GABLES, FL 33156

Title: VCD () Delete Title: CH (X) Change () Addition Name: MERLIN, ROBERT Name: MERLIN, ROBERT

Address: 5810 MAGGIORE STREET Address: 95 MERRICK WAY #420
City-St-Zip: CORAL GABLES, FL 33146 City-St-Zip: CORAL GABLES, FL 33134

Title: TD () Delete Title: TR (X) Change () Addition Name: LEVINE, JEFF Name: LEVINE, JEFF

Name: LEVINE, JEFF
Address: 1627 DIPLCHAT DR
City-St-Zip: MIAMI, FL 33179

Name: LEVINE, JEFF
Address: 1627 DIPLCHAT DR
City-St-Zip: MIAMI, FL 33179

City-St-Zip: MIAMI, FL 33179

Title: TD () Delete Title: VC (X) Change () Addition
Name: GRETENSTEIN, STEVEN Name: GRETENSTEIN, STEVEN

 Name:
 GRETENSTEIN, STEVEN
 Name:
 GRETENSTEIN, STEVEN

 Address:
 436 BARGELLO AVE
 Address:
 436 BARGELLO AVE

 City-St-Zip:
 CORAL GABLES, FL 33146
 City-St-Zip:
 CORAL GABLES, FL 33146

 $\label{eq:title: D (x) Delete} Title: \qquad \qquad \qquad \qquad \qquad Title: \qquad \qquad VC \qquad \qquad (X) \ Change \ (\) \ Addition$

Name: SPILL, JOY Name: SPILL, JOY

Address: 4200 ROYAL PALM AVENUE Address: 4200 ROYAL PALM AVENUE

City-St-Zip: MIAMI, FL 33140 City-St-Zip: MIAMI, FL 33140

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DAVID B. SALTMAN PRES 01/04/2006