

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

APPROVED  
AND  
FILED

1067

1996 SEP -3 PM 12: 22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 705135 (2)**  
 1. Corporation Name  
**JEWISH FAMILY SERVICE INC OF BROWARD COUNTY, FLO RIDA**

Principal Place of Business 6100 HOLLYWOOD BLVD. #410 HOLLYWOOD FL 33024	Mailing Address 6100 HOLLYWOOD BLVD. #410 HOLLYWOOD FL 33024
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3. Date Incorporated or Qualified <b>01/31/1963</b>	3a. Date of Last Report <b>05/23/1995</b>
4. FEI Number <b>59-0995106</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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
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9. Name and Address of Current Registered Agent  
**ROTHCHILD, WILLIAM H  
 6100 HOLLYWOOD BLVD  
 SUITE 410  
 HOLLYWOOD FL 33024**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GREENBERG, LESLIE	
STREET ADDRESS	5121 N 37TH ST	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	GOLD, DAVID	
STREET ADDRESS	1030 NE 175TH ST	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MORANO, BARBARA	
STREET ADDRESS	633 NE 187TH ST	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WEITZ, EUGENE	
STREET ADDRESS	4228 FILMORE ST	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	ED	<input type="checkbox"/> DELETE
NAME	ROTHCHILD, WILLIAM	
STREET ADDRESS	6100 HOLLYWOOD BLVD	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

100001516151  
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9/11/96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: \_\_\_\_\_ **REQUIRED** \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E037 (3/96)

**JEWISH FAMILY SERVICE OF BROWARD COUNTY  
BOARD OF DIRECTORS 1996 - 1997**

<b>Karen Barr</b> (Ronald)	4106 N 48th Avenue Hollywood, 33021 Bus: Infeld & Simon, CPA 5801 Biscayne Blvd. Miami, 33137	H: 986-0124 Fax: 986-0124 B: 754-9694 Fax: 754-2103
<b>Batzl Berman</b> (Bill)	4080 N 41 Court Hollywood, 33021	H: 981-2590 B: 963-8421
<b>Julian Berman, M.D.</b> (Ann)	10256 Vestal Manor Coral Springs, 33071 Bus: Coral Springs Cardiology Assoc. 9800 W Sample Road Coral Springs, 33065	H: 755-0058 Fax: 752-3652 B: 344-8700 Fax: 755-8138
<b>Lynn Blumenfeld, Esq.</b>	2775 Taft Street, #304 Hollywood, 33020-2915 M.D. Blumenfeld, Esq. 2775 Taft Street, #304 Hollywood, 33020-2915	H: 920-7301 B: 920-7301
<b>Howard Chusid</b> (Susan)	3860 N 40th Avenue Hollywood, 33021 Physician Consulting Services, Inc. 3109 Hallandale Beach Blvd., #102 Pembroke Park, 33021	H: 894-8009 Fax: 863-0081 B: 964-6860 Fax: 964-1031 Bpr: 353-4509 e-Mail: EleHANO.ComAOC
<b>Elaine Farkas</b> (Dale)	1541 SW 75 Avenue Plantation, 33317 Dale Laboratories, Inc. 2960 Simms Street Hollywood, 33020	H: 792-1644 B: 920-3648 Fax: 922-3008

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