

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 12 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>6100 HOLLYWOOD BLVD. #410 HOLLYWOOD FL 33024</b>	Mailing Address <b>6100 HOLLYWOOD BLVD. #410 HOLLYWOOD FL 33024-7962</b>
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3. Date Incorporated or Qualified <b>01/31/1963</b>	3a. Date of Last Report <b>09/03/1996</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 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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 <b>2719 Hollywood Blvd.</b> Suite, Apt. #, etc 22	2a. Mailing Address 26 <b>2719 Hollywood Blvd.</b> Suite, Apt. #, etc 27
City & State 23 <b>Hollywood, FL</b>	City & State 28 <b>Hollywood, FL</b>
Zip 24 <b>33020</b>	Country 25 <b>Broward</b>
Zip 29 <b>33020</b>	Country 30 <b>Broward</b>

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 <b>Sandra Van Dam</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>2719 Hollywood Blvd.</b>
83
84 City <b>Hollywood</b>
85 Zip Code <b>FL 33020</b>

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: *Sandra Van Dam* **Sandra Van Dam Interim Executive Director** DATE

12. OFFICERS AND DIRECTORS

TITLE <b>PD</b>	<input type="checkbox"/> DELETE
NAME <b>GREENBERG, LESLIE</b>	
STREET ADDRESS <b>5121 N 37TH ST HOLLYWOOD FL</b>	
CITY-ST-ZIP	
TITLE <b>VD</b>	<input type="checkbox"/> DELETE
NAME <b>MORANO, BARBARA</b>	
STREET ADDRESS <b>633 N.E. 187TH ST. N. MIAMI BEACH FL</b>	
CITY-ST-ZIP	
TITLE <b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>WEITZ, EUGENE</b>	
STREET ADDRESS <b>4228 FILMORE ST. HOLLYWOOD FL</b>	
CITY-ST-ZIP	
TITLE <b>ED</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>ROTHCHILD, WILLIAM</b>	
STREET ADDRESS <b>6100 HOLLYWOOD BLVD HOLLYWOOD FL</b>	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Treasurer</b>
3.3 STREET ADDRESS	<b>Karen Barr</b>
3.4 CITY-ST-ZIP	<b>4106 N 48th Ave Hollywood, FL 33021</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Interim Executive Director</b>
4.3 STREET ADDRESS	<b>Sandra Van Dam</b>
4.4 CITY-ST-ZIP	<b>2719 Hollywood Blvd Hollywood, FL 33020</b>
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	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Sandra Van Dam* **SIGNATURE REQUIRED** DATE: **2/7/96** DAYTIME PHONE: **954-927-1297**

CR2E037 (9/96)