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Mar 16 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. McArthur
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 705135 (2)

1. Corporation Name

JEWISH FAMILY SERVICE INC OF BROWARD COUNTY, FLO
RIDA

Principal Place of Business

Mailing Address

2719 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020
US

2719 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020
US

3. Date Incorporated or Qualified

01/31/1963

4. FEI Number

59-0995106

Applied For

Not Applicable

2. Principal Place of Business

21 100 S Pine Island Rd

2a. Mailing Address

26 100 S Pine Island Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #130

27 #130

City & State

City & State

23 Plantation FL

28 Plantation FL

Zip

33324

Country

USA

Zip

33324

Country

USA

24 33324

29 33324

30 33324

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐

Yes

☒

No

9. Name and Address of Current Registered Agent

DAM VAN, SANDRA
2719 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name

Sundel, Sandra S

82 Street Address (P.O. Box Number is Not Acceptable)

100 S Pine Island Rd

83

#130

84 City

Plantation

FL

85 Zip Code

33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME GREENBERG, LESLIE

STREET ADDRESS 5121 N 37TH ST

CITY-ST-ZIP HOLLYWOOD FL

TITLE VD ☒ DELETE

NAME MORANO, BARBARA

STREET ADDRESS 633 N.E. 187TH ST.

CITY-ST-ZIP N. MIAMI BEACH FL

TITLE T-D ☐ DELETE

NAME BARR, KAREN

STREET ADDRESS 4106 N. 48TH AVE.

CITY-ST-ZIP HOLLYWOOD FL

TITLE ED ☒ DELETE

NAME VAN DAM, SANDRA

STREET ADDRESS 2719 HOLLYWOOD BLVD.

CITY-ST-ZIP HOLLYWOOD FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President - D ☒ Change ☐ Addition

1.2 NAME Carr, Paula

1.3 STREET ADDRESS 674 Tropical Way

1.4 CITY-ST-ZIP Plantation FL 33317

2.1 TITLE Vice President - D ☒ Change ☐ Addition

2.2 NAME Platt, Ellen

2.3 STREET ADDRESS 20115-06 NE 3 Ct

2.4 CITY-ST-ZIP Miami FL 33179

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Executive Director ☒ Change ☐ Addition

4.2 NAME Sundel, Sandra S

4.3 STREET ADDRESS 100 S Pine Island Rd #130

4.4 CITY-ST-ZIP Plantation FL 33324

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 Sundel

3-22-98

951-370-140

CR2E037 (10/97)