


3-16-98 B-3267C  
 FILE NOW: FILING FEE IS \$61.25

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Mar 16 1998 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. McArthur</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>2719 HOLLYWOOD BLVD.          HOLLYWOOD FL 33020          US</b>	Mailing Address <b>2719 HOLLYWOOD BLVD.          HOLLYWOOD FL 33020          US</b>
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3. Date Incorporated or Qualified <b>01/31/1963</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>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business <b>100 S Pine Island Rd</b>	22. Mailing Address <b>100 S Pine Island Rd</b>
23. Suite, Apt. #, etc. <b>#130</b>	24. Suite, Apt. #, etc. <b>#130</b>
25. City & State <b>Plantation FL</b>	26. City & State <b>Plantation FL</b>
27. Zip <b>33324</b>	28. Country <b>USA</b>
29. Zip <b>33324</b>	30. Country <b>USA</b>

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 <b>Sundel, Sandra S</b>	
82 Street Address (P.O. Box Number Is Not Acceptable) <b>100 S Pine Island Rd</b>	
83 <b>#130</b>	
84 City <b>Plantation</b>	85 Zip Code <b>FL 33324</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 Sundel* DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD          GREENBERG, LESLIE          5121 N 37TH ST          HOLLYWOOD FL</b> <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD          MORANO, BARBARA          633 N.E. 187TH ST.          N. MIAMI BEACH FL</b> <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T-D          BARR, KAREN          4106 N. 48TH AVE.          HOLLYWOOD FL</b> <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ED          VAN DAM, SANDRA          2719 HOLLYWOOD BLVD.          HOLLYWOOD FL</b> <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>President - D          Carr, Paula          674 Tropical Way          Plantation FL 33317</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>Vice President - D          Platt, Ellen          20115-06 NE 3 Ct          Miami FL 33179</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>Executive Director          Sundel, Sandra S          100 S Pine Island Rd #130          Plantation FL 33324</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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* 2-22-98 0516-370-140

CR2E037 (10/97)