


FILE NOW: FILING FEE IS \$61.25

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90266 016 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 705135

1. Corporation Name
JEWISH FAMILY SERVICE INC OF BROWARD COUNTY, FLO RIDA

Principal Place of Business 100 S. PINE ISLAND RD. #130 PLANTATION FL 33324 US	Mailing Address 100 S. PINE ISLAND RD. #130 PLANTATION FL 33324 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 01/31/1963
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-0995106
22. City & State	27. City & State	Applied For <input type="checkbox"/> Not Applicable
23. Zip Country	28. Zip Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	25. Country	29. Zip
26. Country	30. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SUNDEL, SANDRA S. 100 S. PINE ISLAND RD. #130 PLANTATION FL 33317		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		84. City	FL
		85. Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 817.1508, 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARR, PAULA	1.2 NAME	
STREET ADDRESS	674 TROPICAL WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33317	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLATT, ELLEN	2.2 NAME	
STREET ADDRESS	20115-08 NE 3 CT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33179	2.4 CITY-ST-ZIP	
TITLE	X <input type="checkbox"/> DELETE	3.1 TITLE	SID <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARR, KAREN	3.2 NAME	
STREET ADDRESS	4106 N. 48TH AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	3.4 CITY-ST-ZIP	
TITLE	ED <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUNDEL, SANDRA S.	4.2 NAME	
STREET ADDRESS	100 S. PINE ISLAND RD, #130	4.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33324	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	T/D KLENET, BONNIE
STREET ADDRESS		5.3 STREET ADDRESS	401 VICKBURG TERRACE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	PLANTATION, FL 33325
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(l), 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, with all other like empowered.

SIGNATURE: *[Signature]* **SANDRA SUNDEL** 4/29/99 954/370-2140