

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705135

FILED
Aug 31, 2004
Secretary of State**Entity Name:** JEWISH FAMILY SERVICE INC OF BROWARD COUNTY, FLORIDA**Current Principal Place of Business:**100 S. PINE ISLAND RD.
#230
PLANTATION, FL 33324 US**New Principal Place of Business:****Current Mailing Address:**100 S. PINE ISLAND RD.
#230
PLANTATION, FL 33324 US**New Mailing Address:****FEI Number:** 59-0995106**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SUNDEL, SANDRA S.
100 S. PINE ISLAND RD.
#230
PLANTATION, FL 33324 US**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** P () Delete
Name: CONN, ALAN
Address: 2021 TYLER STREET
City-St-Zip: HOLLYWOOD, FL 33020**Title:** S () Delete
Name: CARR, PAULA
Address: 674 WEST TROPICAL WAY
City-St-Zip: FORT LAUDERDALE, FL 33317**Title:** ED () Delete
Name: SUNDEL, SANDRA S.
Address: 100 S PINE ISLAND RD STE 230
City-St-Zip: PLANTATION, FL 33324**Title:** VP () Delete
Name: COHEN, SCOTT
Address: 10742 DENVER DRIVE
City-St-Zip: HOLLYWOOD, FL 33026**Title:** IPP () Delete
Name: WELLINS, STEVEN
Address: 101 NW 108 WAY
City-St-Zip: FORT LAUDERDALE, FL 33324**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDRA S. SUNDELL

ED

08/31/2004

Electronic Signature of Signing Officer or Director

Date