

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N15759 (6)

1. Corporation Name

JEWISH FAMILY SERVICE OF SARASOTA-MANATEE, INCORPORATED



Principal Place of Business

Mailing Address

1970 MAIN STREET
4TH FLOOR
SARASOTA FL 34236
US

1970 MAIN STREET
4TH FLOOR
SARASOTA FL 34236
US

3. Date Incorporated or Qualified
07/07/1986

3a. Date of Last Report
05/18/1995

2. Principal Place of Business

2a. Mailing Address

21 **1970 main st.**

26 **1970 main st**

4. FEI Number

59-2693318

Applied For

Not Applicable

22 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **4th Floor**

27 **4th FL**

5. Certificate of Status Desired

X **\$8.75 Additional Fee Required**

23 City & State

City & State

23 **SARASOTA, FL**

28 **SARASOTA, FL**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

24 Zip

Country

Zip

Country

24 **34236**

25 **USA**

29 **34236**

30 **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WIESNER, IRA
1800 2ND ST STE 870
SARASOTA FL 34236**

81 Name

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

83

84 City

FL

85 Zip Code

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

11 TITLE ☐ Change ☐ Addition

NAME **DP
BLUMENTHAL, RICHARD**
STREET ADDRESS **7414 PEARL BUSH LANE**
CITY-ST-ZIP **SARASOTA FL**

12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE ☐ DELETE

21 TITLE ☐ Change ☐ Addition

NAME **DVP
TAICH, ALICE**
STREET ADDRESS **2337 HARBOUR OAKS COURT**
CITY-ST-ZIP **LONGBOAT KEY FL**

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE ☐ DELETE

31 TITLE ☐ Change ☐ Addition

NAME **DVP
MANSON, GERI JO**
STREET ADDRESS **4937 LANDINGS COURT**
CITY-ST-ZIP **SARASOTA FL**

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE ☒ DELETE

41 TITLE ☐ Change ☒ Addition

NAME **SD
STEIN, ELINOR**
STREET ADDRESS **1945 GULF OF MEXICO DR**
CITY-ST-ZIP **LONGBOAT KEY FL**

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

**SD
KEANORE LEVINE
7018 Country Club Dr.
SARASOTA, FL. 34243**

TITLE ☐ DELETE

51 TITLE ☐ Change ☐ Addition

NAME **TD
STOCK, KENNETH**
STREET ADDRESS **4749 ANTLER TRAIL**
CITY-ST-ZIP **SARASOTA FL**

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE

61 TITLE ☐ Change ☐ Addition

NAME **M
CHAPMAN, ROSE**
STREET ADDRESS **3425 CLARK RD**
CITY-ST-ZIP **SARASOTA FL**

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-366-2224

CR2E037 (12/95)