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Mar 25 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N15759 (6)  
1. Corporation Name  
JEWISH FAMILY AND CHILDREN'S SERVICE OF SARASOTA  
-MANATEE, INCORPORATED



Principal Place of Business: 1970 MAIN STREET 4TH FLOOR SARASOTA FL 34236 US  
Mailing Address: 1970 MAIN STREET 4TH FLOOR SARASOTA FL 34236-5925 US

3. Date Incorporated or Qualified: 07/07/1986  
3a. Date of Last Report: 03/04/1996  
4. FEI Number: 59-2693318  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: WIESNER, IRA, 1800 2ND ST STE 870, SARASOTA FL 34236

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	BLUMENTHAL, RICHARD	
STREET ADDRESS	7414 PEARL BUSH LANE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DVP DP	<input type="checkbox"/> DELETE
NAME	TAICH, ALICE	
STREET ADDRESS	2337 HARBOUR OAKS COURT	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	MANSON, GERI JO	
STREET ADDRESS	4937 LANDINGS COURT	
CITY-ST-ZIP	SARASOTA FL	
TITLE	SD VD	<input type="checkbox"/> DELETE
NAME	LEVINE, LEANORE	
STREET ADDRESS	7018 COUNTRY CLUB DRIVE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	STOCK, KENNETH	
STREET ADDRESS	4749 ANTLER TRAIL	
CITY-ST-ZIP	SARASOTA FL	
TITLE	M	<input type="checkbox"/> DELETE
NAME	CHAPMAN, ROSE	
STREET ADDRESS	3425 CLARK RD	
CITY-ST-ZIP	SARASOTA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	STANTON Lipschutz	
13 STREET ADDRESS	435 L'AMBIANCE, K305	
14 CITY-ST-ZIP	Longboat Key, FL 34228	
21 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	ALICE TAICH	
23 STREET ADDRESS	2337 HARBOUR OAKS DR.	
24 CITY-ST-ZIP	Longboat Key, FL 34228	
31 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	ELINDR STEIN	
33 STREET ADDRESS	1945 GULF OF MEXICO DR.	
34 CITY-ST-ZIP	Longboat Key FL, 34228	
41 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	LEANORE LEVINE	
43 STREET ADDRESS	7018 COUNTRY CLUB DR.	
44 CITY-ST-ZIP	SARASOTA, FL. 34243	
51 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Kenneth Stock	
53 STREET ADDRESS	4749 ANTLER TRAIL	
54 CITY-ST-ZIP	SARASOTA, FL. 34238	
61 TITLE	M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	Rose CHAPMAN	
63 STREET ADDRESS	5624 BOULDER BLVD	
64 CITY-ST-ZIP	SARASOTA, FL. 34233	

14. I do 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: *Rose Chapman* 3/20/97 941-366-2224  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0041212

CR2E037 (9/96)