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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N15759**

1. Corporation Name

JEWISH FAMILY AND CHILDREN'S 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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 07/07/1986
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2693318 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 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 _____ 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	TD	☒ DELETE	1.1 TITLE	TD	☐ Change ☒ Addition
NAME	STANTON, LIPSCHTUZ		1.2 NAME	Adam Robinson	
STREET ADDRESS	435 L'AMBIANCE, K305		1.3 STREET ADDRESS	4641 Glen Brooke Terrace	
CITY-ST-ZIP	LONGBOAT KEY FL		1.4 CITY-ST-ZIP	Sarasota, FL 34243	
TITLE	DP	☒ DELETE	2.1 TITLE	VP	☐ Change ☒ Addition
NAME	TAICH, ALICE		2.2 NAME	Lisa Leuchter	
STREET ADDRESS	2337 HARBOUR OAKS DRIVE		2.3 STREET ADDRESS	3705 62 2nd ST E.	
CITY-ST-ZIP	LONGBOAT KEY FL		2.4 CITY-ST-ZIP	Bradenton, FL. 34208	
TITLE	SD	☒ DELETE	3.1 TITLE	SD	☐ Change ☒ Addition
NAME	STEIN, ELINOR		3.2 NAME	Nathanson, Muriel	
STREET ADDRESS	1945 GULF OF MEXICO DR.		3.3 STREET ADDRESS	4629 OAK Forest Dr. E	
CITY-ST-ZIP	LONGBOAT KEY FL		3.4 CITY-ST-ZIP	Sarasota, FL 34231	
TITLE	DV	☒ DELETE	4.1 TITLE	VD.	☐ Change ☒ Addition
NAME	LEVINE, LEANORE		4. 2 NAME	Weinstein, Judy	
STREET ADDRESS	7018 COUNTRY CLUB DRIVE		4.3 STREET ADDRESS	4618 TRAILS DR	
CITY-ST-ZIP	SARASOTA FL		4.4 CITY-ST-ZIP	Sarasota, FL. 34243	
TITLE	DV	☐ DELETE	5.1 TITLE	DP	☒ Change ☐ Addition
NAME	GILLMAN, STACEY		5.2 NAME	Gillman, Stacey	
STREET ADDRESS	1743 INDEPENDENCE BLVD D-3		5.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34234		5.4 CITY-ST-ZIP		
TITLE	M	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	CHAPMAN, ROSE		6.2 NAME		
STREET ADDRESS	5624 BOULDER BLVD.		6.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		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)(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, with all other like empowered.

SIGNATURE: Rose Chapman SIGNATURE REQUIRED Rose Chapman 3/25/99 941-366-2224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CRPEN37 (11/98)