

**2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 702652

**Entity Name:** JEWISH COMMUNITY SERVICES OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

735 NE 125TH STREET  
NORTH MIAMI, FL 33161

**Current Mailing Address:**

735 NE 125TH STREET  
NORTH MIAMI, FL 33161 US

**FEI Number:** 59-0637867

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

STOCK, FRED  
735 NE 125TH STREET  
NORTH MIAMI, FL 33161 US

*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

**Officer/Director Detail :**

Title CHAIR/DIRECTOR  
Name RUDMAN, ABE  
Address 1930 N.E. 119TH ROAD  
City-State-Zip: NORTH MIAMI FL 33181

Title DIRECTOR/IMMEDIATE PAST CHAIR  
Name CHASET, HELEN DR.  
Address 20185 EAST COUNTRY CLUB DRIVE  
#2207  
City-State-Zip: AVENTURA FL 33180

Title VC/DIRECTOR  
Name RAIFFE, JONATHAN  
Address 3150 SW 38TH AVENUE  
SUITE 530  
City-State-Zip: MIAMI FL 33146

Title TREASURER/DIRECTOR  
Name SINGER, SCOTT  
Address 1900 DIANA DRIVE  
E2  
City-State-Zip: HALLANDALE BEACH FL 33009

Title SECRETARY/DIRECTOR  
Name DUFFY, AUBREY  
Address 735 NE 125TH STREET  
City-State-Zip: NORTH MIAMI FL 33161

Title PRESIDENT/DIRECTOR  
Name STOCK, FRED  
Address 735 NE 125TH STREET  
City-State-Zip: NORTH MIAMI FL 33161

*I hereby 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 all other like empowered.*

**SIGNATURE:** ABE RUDMAN

CHAIR

07/19/2018

Electronic Signature of Signing Officer/Director Detail

Date