

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
May 08, 2018
Secretary of State
CC9628843889

Entity Name: JEWISH FAMILY SERVICES OF BROWARD FOUNDATION, INC.

Current Principal Place of Business:

100 S. PINE ISLAND ROAD
SUITE 230
PLANTATION, FL 33324

Current Mailing Address:

100 S. PINE ISLAND ROAD
SUITE 230
PLANTATION, FL 33324

FEI Number: 46-5507093

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MENDEZ, KATHIE J
200 E. BROWARD BOULEVARD
SUITE 1800
FORT LAUDERDALE, FL 33301 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: KATHIE J. MENDEZ

05/08/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SD
Name ROSS, SHELDON DR
Address 100 S. PINE ISLAND ROAD
SUITE 230
City-State-Zip: PLANTATION FL 33324

Title TD
Name WISE, SETH
Address 100 S. PINE ISLAND ROAD
SUITE 230
City-State-Zip: PLANTATION FL 33324

Title DIRECTOR
Name GOODMAN, STANLEY
Address 100 S. PINE ISLAND ROAD
SUITE 230
City-State-Zip: PLANTATION FL 33324

Title DIRECTOR
Name GOODMAN, PEARL
Address 100 S. PINE ISLAND ROAD
SUITE 230
City-State-Zip: PLANTATION FL 33324

Title DIRECTOR
Name JACKMAN, STEPHEN
Address 100 S. PINE ISLAND ROAD
SUITE 230
City-State-Zip: PLANTATION FL 33324

Title CHAIRMAN
Name COHN, ALAN
Address 100 S. PINE ISLAND ROAD
SUITE 230
City-State-Zip: PLANTATION FL 33324

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: ALAN COHN

CHARIMAN

05/08/2018

Electronic Signature of Signing Officer/Director Detail

Date