

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15759

Entity Name: JEWISH FAMILY & CHILDREN'S SERVICE OF THE
SUNCOAST, INC.**Current Principal Place of Business:**2688 FRUITVILLE RD
SARASOTA, FL 34237**Current Mailing Address:**2688 FRUITVILLE RD
SARASOTA, FL 34237 US**FEI Number: 59-2693318****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**CHAPMAN, ROSE
2688 FRUITVILLE ROAD
SARASOTA, FL 34237 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	VP	Title	TREASURER, DIRECTOR
Name	LEVINE, SCOTT	Name	GRABLIN, KARIN
Address	2688 FRUITVILLE ROAD	Address	2688 FRUITVILLE ROAD
City-State-Zip:	SARASOTA FL 34237	City-State-Zip:	SARASOTA FL 34237
Title	DIRECTOR, SECRETARY	Title	PRESIDENT
Name	STEPHEN , SIEDENSTICKER	Name	CHAPMAN, ROSE
Address	2688 FRUITVILLE ROAD	Address	2688 FRUITVILLE RD
City-State-Zip:	SARASOTA FL 34237	City-State-Zip:	SARASOTA FL 34237
Title	D/VC	Title	D/C
Name	BENDERSON, SHAUN	Name	MENDELS, JOSEPH
Address	2688 FRUITVILLE ROAD	Address	2688 FRUITVILLE ROAD
City-State-Zip:	SARASOTA FL 34237	City-State-Zip:	SARASOTA FL 34237

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: ROSE CHAPMAN**PRESIDENT****01/09/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date