

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90534 008 \*\*\*\*61.25

**DOCUMENT # 703702**



1. Entity Name  
**JEWSH FAMILY AND COMMUNITY SERVICES, INC.**

Principal Place of Business  
**6261 DUPONT STATION CT E  
JACKSONVILLE, FL 32217**

Mailing Address  
**6261 DUPONT STATION CT E  
JACKSONVILLE, FL 32217**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04162004

Chg-NP

CR2E037 (10/03)

4. FEI Number  
**59-0637868**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ANSBACHER, LAWRENCE V  
5150 BELFORT RD., BLDG. 100  
BELFORT ROAD SOUTH PROFESSIONAL PARK  
JACKSONVILLE, FL 32256-6010**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE: **VD** ☒ Delete  
NAME: **ANSBACHER, LAWRENCE**  
STREET ADDRESS: **6261 DUPONT STATION CT E**  
CITY-ST-ZIP: **JACKSONVILLE, FL 32217**

TITLE: **VD** ☒ Delete  
NAME: **SUSSMAN, CHARLES**  
STREET ADDRESS: **6261 DUPONT STATION CT E**  
CITY-ST-ZIP: **JACKSONVILLE, FL 32217**

TITLE: **C** ☒ Delete  
NAME: **SHORSTEIN, MARK**  
STREET ADDRESS: **6261 DUPONT STATION CT E**  
CITY-ST-ZIP: **JACKSONVILLE, FL 32217**

TITLE: **P** ☐ Delete  
NAME: **GOTTLIEB, DEBBIE**  
STREET ADDRESS: **6261 DUPONT STATION CT E**  
CITY-ST-ZIP: **JACKSONVILLE, FL 32217**

TITLE: **D** ☐ Delete  
NAME: **YOUNG, IRIS**  
STREET ADDRESS: **6261 DUPONT STATION CT E**  
CITY-ST-ZIP: **JACKSONVILLE, FL 32217**

TITLE: **VD** ☒ Delete  
NAME: **HERMAN, STUART**  
STREET ADDRESS: **6261 DUPONT STATION CT E**  
CITY-ST-ZIP: **JACKSONVILLE, FL 32217**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **VD** ☐ Change ☒ Addition  
NAME: **Garfinkel, David**  
STREET ADDRESS: **6261 Dupont St.E.**  
CITY-ST-ZIP: **Jacksonville, FL 32217**

TITLE: **VD** ☐ Change ☒ Addition  
NAME: **Zimmerman, Sandy**  
STREET ADDRESS: **6261 Dupont Station Ct.,E.**  
CITY-ST-ZIP: **Jacksonville, FL 32217**

TITLE: **P** ☐ Change ☒ Addition  
NAME: **Kempner, Jim**  
STREET ADDRESS: **6261 Dupont Station Ct.,E**  
CITY-ST-ZIP: **Jacksonville, FL 32217**

TITLE: **C** ☒ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE:  ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: **VD** ☐ Change ☒ Addition  
NAME: **Wright, Elaine**  
STREET ADDRESS: **6261 Dupont Station Ct.,E.**  
CITY-ST-ZIP: **Jacksonville, FL 32217**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Brenda Shephard*  
**Brenda Shephard, Controller**

Date

**4/16/04**

**(904) 394-5725**

Daytime Phone #