

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705135

FILED
Mar 24, 2006
Secretary of State

Entity Name: JEWISH FAMILY SERVICE INC OF BROWARD COUNTY, FLORIDA

Current Principal Place of Business:

100 S. PINE ISLAND RD.
#230
PLANTATION, FL 33324 US

New Principal Place of Business:

Current Mailing Address:

100 S. PINE ISLAND RD.
#230
PLANTATION, FL 33324 US

New Mailing Address:

FEI Number: 59-0995106

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHN, ALAN B.
2021 TYLER STREET
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COHN, ALAN
Address: 2021 TYLER STREET
City-St-Zip: HOLLYWOOD, FL 33020

Title: S () Delete
Name: CARR, PAULA
Address: 674 WEST TROPICAL WAY
City-St-Zip: FORT LAUDERDALE, FL 33317

Title: T () Delete
Name: LUNDY, RICHARD
Address: 100 S PINE ISLAND RD., #230
City-St-Zip: PLANTATION, FL 33324

Title: VP () Delete
Name: COHEN, SCOTT
Address: 10742 DENVER DRIVE
City-St-Zip: HOLLYWOOD, FL 33026

Title: IPP () Delete
Name: WELLINS, STEVEN
Address: 101 NW 108 WAY
City-St-Zip: FORT LAUDERDALE, FL 33324

Title: ED () Delete
Name: MOSKOWITZ, KENNETH
Address: 100 S. PINE ISLAND RD., #230
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KENNETH MOSKOWITZ

ED

03/24/2006

Electronic Signature of Signing Officer or Director

Date