2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007
Secretary of State

DOCUMENT# 705135

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:

LIEBERMAN, DAVID
8500 W SUNRISE BLVD
PLANTATION, FL 33322 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: DAVID LIEBERMAN 02/12/2007
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:	P	(X) Change ( ) Addition
Name:	LIEBERMAN, DAVID	
Address:	8500 W SUNRISE BLVD	
City-St-Zip:	PLANTATION, FL 33322	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
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: KEN MOSKOWITZ ED 02/12/2007
Electronic Signature of Signing Officer or Director Date