2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705135

FILED Jan 02, 2008 Secretary of State

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

| Current Pi | rincipal Place | of Business: | New Prince | New Principal Place of Business: | | |
|---|--|------------------------------|---|---|---|----------|
| | E ISLAND RD. | | | | | |
| #230 PLANTATI | ON, FL 33324 | US | | | | |
| Current M | ailing Address | s: | New Mail | New Mailing Address: | | |
| 100 S. PINI #230 | E ISLAND RD. | | | | | |
| | ON, FL 33324 | US | | | | |
| FEI Number: | 59-0995106 | FEI Number Applied For () | FEI Number Not App | olicable () | Certificate of Status Desired | d (X) |
| Name and | Address of Co | urrent Registered Agent: | Name and | d Address of N | New Registered Agent: | |
| | N, DAVID JNRISE BLVD ON, FL 33322 | US | | | | |
| | named entity so e of Florida. | ubmits this statement for th | e purpose of changing | its registered o | office or registered agent, o | or both, |
| SIGNATUF | RE: | | | | | |
| | Electroni | c Signature of Registered / | Agent | | Date | _ |
| OFFICERS | S AND DIRECT | ORS: | ADDITION | NS/CHANGES | TO OFFICERS AND DIR | ECTORS: |
| Title: Name: Address: City-St-Zip: | P () I LIEBERMAN, DA 8500 W SUNRIS PLANTATION, FL | E BLVD | Title: Name: Address: City-St-Zip: | () |) Change ()Addition | |
| Title: Name: Address: City-St-Zip: | S () I CARR, PAULA 674 WEST TROI FORT LAUDERD | | Title: Name: Address: City-St-Zip: | S (X) LEVY, JANE 2976 WESTBR WESTON, FL | | |
| Title: Name: Address: City-St-Zip: | T () LUNDY, RICHAR 100 S PINE ISLA PLANTATION, FL | ND RD., #230 | Title: Name: Address: City-St-Zip: | LUNDY, RICHA | AND RD 3RD FLOOR | |
| Title: Name: Address: City-St-Zip: | VP () COHEN, SCOTT 10742 DENVER HOLLYWOOD, F | | Title: Name: Address: City-St-Zip: | VP (X) SHARON, SCH 10040 NW 14 S PLANTATION, F | ST | |
| Title: Name: Address: City-St-Zip: | IPP () I WELLINS, STEV 101 NW 108 WA FORT LAUDERD | Υ | Title: Name: Address: City-St-Zip: | COHN, ALAN 100 W CYPRE |) Change ()Addition SS CREEK RD #700 DALE, FL 33309 | |
| Title: Name: Address: City-St-Zip: | ED () I MOSKOWITZ, K 100 S. PINE ISL PLANTATION, FI | AND RD., #230 | Title: Name: Address: City-St-Zip: | ED (X) MOSKOWITZ, I 100 S PINE ISL PLANTATION, F | _AND RD #230 | |

I hereby certify that the information supplied with this filing does not qualify 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 01/02/2008