

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **727464** (0)

1. Corporation Name

JEWISH FAMILY SERVICE OF GREATER MIAMI, INC.

Principal Place of Business

1790 S W 27TH AVENUE
MIAMI FL 33145

Mailing Address

1790 S W 27TH AVENUE
MIAMI FL 33145



3. Date Incorporated or Qualified
09/17/1973

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-0624415

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SALTMAN, MR DAVID B
429 POINCIANA ISLD DR
MIAMI FL 33160**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.0508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reinstating)

2/28/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D MERRITT, MADELYN F**
STREET ADDRESS **4485 ADAMS AVE.**
CITY-ST-ZIP **MIAMI BCH FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **TD ALTMAN, STUART**
STREET ADDRESS **3802 NE 207 STR #602**
CITY-ST-ZIP **MIAMI FL**

2.1 TITLE **VP** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **P YARUS, GARY**
STREET ADDRESS **330 W. 45TH ST.**
CITY-ST-ZIP **MIAMI BCH FL**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **D PAPPER, PATRICIA**
STREET ADDRESS **ONE GROVE ISLE DR.**
CITY-ST-ZIP **MIAMI FL**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **LINEVSKY, RICHARD B.**
4.3 STREET ADDRESS **200 S.E. 15th Road, #7G**
4.4 CITY-ST-ZIP **Miami, FL 33129**

TITLE ☐ DELETE
NAME **DS FARR, NEIL**
STREET ADDRESS **8190 SW 108 ST**
CITY-ST-ZIP **MIAMI FL**

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **FARR, NEAL**
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **VP MANNING, OREN**
STREET ADDRESS **8136 SW 87TH TERR**
CITY-ST-ZIP **MIAMI FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/29/96

3/1/96

CR2E037 (12/95)