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Apr 11 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

1790 S W 27TH AVENUE
MIAMI FL 331451790 S W 27TH AVENUE
MIAMI FL 33145-24183. Date Incorporated or Qualified
09/17/19733a. Date of Last Report
03/11/1996

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

59-0824415

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. 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 33180

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 617.1508, 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME MERRITT, MADELYN F
STREET ADDRESS 4485 ADAMS AVE.
CITY - ST - ZIP MIAMI BCH FL1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIPTITLE VP
NAME ALTMAN, STUART
STREET ADDRESS 3802 NE 207 STR #602
CITY - ST - ZIP MIAMI FL2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIPTITLE P
NAME YARUS, GARY
STREET ADDRESS 330 W. 45TH ST.
CITY - ST - ZIP MIAMI BCH FL3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIPTITLE T
NAME LINEVSKY, RICHARD B
STREET ADDRESS 200 S.E. 15TH ROAD, #7G
CITY - ST - ZIP MIAMI FL 331294.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIPTITLE DS
NAME FARR, NEAL
STREET ADDRESS 8190 SW 108 ST
CITY - ST - ZIP MIAMI FL5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIPTITLE VP
NAME MANNING, OREN
STREET ADDRESS 8136 SW 87TH TERR
CITY - ST - ZIP MIAMI FL6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0030341

STUART H. ALTMAN 4/1/97 (305) 789-9255

CR2E037 (9/96)