

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 24 1998 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **727464** (0)  
1. Corporation Name  
**JEWISH FAMILY SERVICE OF GREATER MIAMI, INC.**

|   |   |
|---|---|
| Principal Place of Business<br><b>1790 S W 27TH AVENUE<br/>MIAMI FL 33145</b> | Mailing Address<br><b>1790 S W 27TH AVENUE<br/>MIAMI FL 33145</b> |
|---|---|

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>09/17/1973</b> |  |
| 4. FEI Number<br><b>59-0624415</b>                     | Applied For<br><input type="checkbox"/> Not Applicable |

|   |  |
|---|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |
|---|--|

|   |
|---|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |
| 7. Is this nonprofit corporation a homeowners association?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                       |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 617.1508, 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 |  |
|----------------------------|--|
| TITLE                      | <input type="checkbox"/> DELETE            |
| NAME                       | <b>D MERRITT, MADELYN F</b>                |
| STREET ADDRESS             | <b>4485 ADAMS AVE.</b>                     |
| CITY-ST-ZIP                | <b>MIAMI BCH FL</b>                        |
| TITLE                      | <input type="checkbox"/> DELETE            |
| NAME                       | <b>P ALTMAN, STUART</b>                    |
| STREET ADDRESS             | <b>3802 NE 207 STR #602</b>                |
| CITY-ST-ZIP                | <b>MIAMI FL</b>                            |
| TITLE                      | <input checked="" type="checkbox"/> DELETE |
| NAME                       | <b>D YARUS, GARY</b>                       |
| STREET ADDRESS             | <b>330 W. 45TH ST.</b>                     |
| CITY-ST-ZIP                | <b>MIAMI BCH FL</b>                        |
| TITLE                      | <input type="checkbox"/> DELETE            |
| NAME                       | <b>VP LINEVSKY, RICHARD B</b>              |
| STREET ADDRESS             | <b>200 S.E. 15TH ROAD, #7G</b>             |
| CITY-ST-ZIP                | <b>MIAMI FL</b>                            |
| TITLE                      | <input type="checkbox"/> DELETE            |
| NAME                       | <b>T STAYMAN, MYRON</b>                    |
| STREET ADDRESS             | <b>3600 YACHT CLUB DR #1002</b>            |
| CITY-ST-ZIP                | <b>AVENTURA FL</b>                         |
| TITLE                      | <input type="checkbox"/> DELETE            |
| NAME                       | <b>S ROTH, ELLEN</b>                       |
| STREET ADDRESS             | <b>3 GROVE ISLE DR. #1604</b>              |
| CITY-ST-ZIP                | <b>MIAMI FL</b>                            |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|---|---|
| 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| 1.2 NAME  |   |
| 1.3 STREET ADDRESS                                    |   |
| 1.4 CITY-ST-ZIP                                       |   |
| 2.1 TITLE   | <b>P/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME  |   |
| 2.3 STREET ADDRESS                                    |   |
| 2.4 CITY-ST-ZIP                                       |   |
| 3.1 TITLE   | <b>T/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME  | <b>FARR, NEAL</b>   |
| 3.3 STREET ADDRESS                                    | <b>11100 S.W. 64th AVE.</b>   |
| 3.4 CITY-ST-ZIP                                       | <b>PINECREST, FL 33156</b>  |
| 4.1 TITLE   | <b>V/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME  |   |
| 4.3 STREET ADDRESS                                    |   |
| 4.4 CITY-ST-ZIP                                       |   |
| 5.1 TITLE   | <b>V/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME  |   |
| 5.3 STREET ADDRESS                                    |   |
| 5.4 CITY-ST-ZIP                                       |   |
| 6.1 TITLE   | <b>S/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME  |   |
| 6.3 STREET ADDRESS                                    |   |
| 6.4 CITY-ST-ZIP                                       |   |

14. I 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:

*Sandra B. Mortham*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/98

305-445-0555

CR2E037 (10/97)