**FILE NOW: FILING FEE AFTER MAY 1 IS $155.00**

CORPORATION ANNUAL REPORT **1995**

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

**APPROVED AND FILED**
95 APR 18 PM 11:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 728996 (0)

1. Corporation Name

JEWISH FAMILY AND CHILDREN'S SERVICE OF PALM BEACH COUNTY, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 4605 COMMUNITY DRIVE<br>WEST PALM BEACH FL 33417 | 4605 COMMUNITY DRIVE<br>WEST PALM BEACH FL 33417 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/06/1974
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-1520581 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

9. Name and Address of Current Registered Agent

SCHWARTZ, DAVID R., ESQ.
1655 PALM BEACH LAKES BLVD. #106
WEST PALM BCH FL FL 33401

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | 2VD | 1.1 TITLE | 2 V D | ☑ Change ☐ Addition |
| NAME | HERMAN, ELIZABETH S. | 1.2 NAME | BRAMS, WARREN B | |
| STREET ADDRESS | 4276 ROYAL OAK DRIVE | 1.3 STREET ADDRESS | 1645 PALM BEACH LAKES BLVD #300 | |
| CITY-ST-ZIP | PALM BEACH GARDENS FL 33410 | 1.4 CITY-ST-ZIP | WEST PALM BEACH FL 33401 | |
| TITLE | SD | 2.1 TITLE | S D | ☐ Change ☐ Addition |
| NAME | BRAMS, WARREN B. | 2.2 NAME | JACOBSON, SIDNEY | |
| STREET ADDRESS | 1645 PALM BEACH LAKES BLVD | 2.3 STREET ADDRESS | 360 S. OCEAN BLVD | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33401 | 2.4 CITY-ST-ZIP | PALM BEACH FL 33480 | |
| TITLE | 1VD | 3.1 TITLE | 1 V D | ☑ Change ☐ Addition |
| NAME | LEVITON, ELSIE | 3.2 NAME | KLEIN, ELIZABETH S. | |
| STREET ADDRESS | 214 WELLS RD. | 3.3 STREET ADDRESS | 13899 DEER CREEK DRIVE | |
| CITY-ST-ZIP | PALM BEACH FL | 3.4 CITY-ST-ZIP | PALM BEACH GARDENS FL 33418 | |
| TITLE ✓ | PD | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | KONIGSBURG, DALE A. | 4.2 NAME | | |
| STREET ADDRESS | 3500 LIGHTHOUSE DRIVE | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | PALM BEACH GARDENS FL | 4.4 CITY-ST-ZIP | | |
| TITLE ✓ | TD | 5.1 TITLE | T D | ☑ Change ☐ Addition |
| NAME | LAMPERT, MICHAEL A. | 5.2 NAME | LAMPERT, MICHAEL A. | |
| STREET ADDRESS | 2161 PALM BEACH LAKES BLVD #304 | 5.3 STREET ADDRESS | 1655 PALM BEACH LAKES #700 | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33401 | 5.4 CITY-ST-ZIP | WEST PALM BEACH FL 33401 | |
| TITLE | MD | 6.1 TITLE | M D | ☑ Change ☐ Addition |
| NAME | NEWSTEIN, NEIL P. | 6.2 NAME | NEWSTEIN, NEIL P. | |
| STREET ADDRESS | 12463 SAWGRASS COURT | 6.3 STREET ADDRESS | 17032 SHETLAND LANE | |
| CITY-ST-ZIP | WEST PALM BEACH FL | 6.4 CITY-ST-ZIP | LOXAHATCHEE FL 33470 | |

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:** _____ 4/10/95 (407) 684-1991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0011488