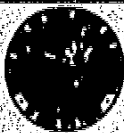


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortimer
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

**4805 COMMUNITY DRIVE
WEST PALM BEACH FL 33417**

**4805 COMMUNITY DRIVE
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

50-1520581

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

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. 189.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**2VD
HERMAN, ELIZABETH S.
4276 ROYAL OAK DRIVE
PALM BEACH GARDENS FL 33410**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
**2VD
BRAMS, WARREN B.
1645 PALM BEACH LAKES BLVD #300
WEST PALM BEACH FL 33401**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
BRAMS, WARREN B.
1645 PALM BEACH LAKES BLVD
WEST PALM BEACH FL 33401**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
**SD
JACOBSON, SIDNEY
340 S. OCEAN BLVD
PALM BEACH FL 33480**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**1VD
LEVITON, ELSIE
214 WELLS RD.
PALM BEACH FL**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
**1VD
KLEIN, ELIZABETH S.
13899 DEER CREEK DRIVE
PALM BEACH GARDENS FL 33411**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
KONIGSBURG, DALE A.
3506 LIGHTHOUSE DRIVE
PALM BEACH GARDENS FL**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
LAMPERT, MICHAEL A.
2161 PALM BEACH LAKES BLVD #304
WEST PALM BEACH FL 33401**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
**TD
LAMPERT, MICHAEL A.
1055 PALM BEACH LAKES #200
WEST PALM BEACH FL 33401**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MD
NEWSTEIN, NEIL P.
12463 SAWGRASS COURT
WEST PALM BEACH FL**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
**MD
NEWSTEIN, NEIL P.
17032 SHETLAND LANE
LOXAHATCHEE FL 33470**

☒ Change ☐ Addition

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 to this report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #