FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 728996

(0)

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

Principal Place of Business

4605 COMMUNITY DRIVE
WEST PALM BEACH FL 33417

Mailing Address

4605 COMMUNITY DRIVE WEST PALM BEACH FL 33417



Data laggeraged of Qualified

						03/06/1974		04/18/1995		
2.	Principal Place of Busin	ess	2a. Mailing Address			4. FEI Number		Applied For		
21			26			59-1520581		Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required			
23	City & State		City & State		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees			
24	Zip	Country 25	Ζφ 29	30	intry	8. This corporation has liability for in Florida Statutes	tangible ta			
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 BCH FL FL 33401					81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83					

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											
Styrature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE											
12.	OFFICERS AND DIRECTOR		13.	ADDITIONS/CHANGES TO OFFICERS							
TITLE	2VD	DELETE	11 TITLE	IST VICE PRESIDENT	☐ Change ☐ Addition						
NAME	BRAMS, WARREN B		1.2 NAME	LAWRENCE M. ABRAMSON							
STREET ADDRESS	1645 PALM BEACH LAKES BLVD, #300	1	1.3 STREET ADDRESS	1860 FOREST HILL BUV.							
CITY-ST-ZIP	WEST PALM BEACH FL		1.4 CITY - ST-ZIP	WEST PALMBEACH FI							
TITLE	SD	DELETE	2.1 TITLE	2NO VILE PRESIDENT	Change Addition						
NAME	JACOBSON, SIDNEY		2 2 NAME	WILLIAM F. SAULBON							
STREET ADDRESS	360 S. OCEAN BLVD.		2.3 STREET ADDRESS	3680 WHITE HALL DE	22401						
CITY-ST-ZIP	PALM BEACH FL		2 4 CITY-ST-ZIP	WEST PALM BEALH FI							
TITLE	VD- PRESIDENT	DELETE	3.1 TITLE	TREASURER	☐ Change ☐ Addition						
NAME	KLEIN, ELIZABETH S		3.2 NAME *	JONATHAN D RUBINS							
STREET ADDRESS	13889 DEER CREEK DRIVE		3 3 STREET ADDRESS	\$542 BEARCHILL RD	F1 35.445						
CITY-ST-ZIP	PALM BEACH GARDENS FL		3.4. CITY+ST-ZIP	PALM BEACH GARDENS	F1 334/0						
TITLE	PO	₽ ØELETE	4 1 TiTLE		Change Addition						
NAME	KONIGSBURG, DALE A.		4. 2 NAME								
STREET ADDRESS	3596 LIGHTHOUSE DRIVE		4.3 STREET ADDRESS								
CITY-ST-ZIP	PALM BEACH GARDENS FL		4.4 CITY - ST - ZIP								
TITLE	TD	DELETE	5.1 TITLE		Change Addition						
NAME	LAMPERT, MICHAEL A.		5.2 NAME								
STREET ADDRESS	1655 PALM BEACH LAKES, #900		5 3 STREET ADDRESS								
CITY-ST-ZIP	WEST PALM BEACH FL		5.4 CITY - ST - ZIP		240						
TITLE	MD	DELETE	6.1 TITLE *	800001787 -04/19/9601061-	Addition Addition						
NAME	NEWSTEIN, NEIL P.		62 NAME	-04/13/36" "01001	and s						

CITY-ST-ZIP

LOXAHATCHEE FL

14. If 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 is supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

17032 SHETLAND LANE

SIGNATURE AND TYPED ON PENTED NAME OF SIGNING OFFICER OR DIRECTOR

115/9 G
Date Davim

***70.00

Daytime Phone #

CR2E037 (12/95)