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Apr 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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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**

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

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/06/1974

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. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

**SCHWARTZ, DAVID R ESO
1655 PALM BEACH LAKES BLVD. #108
WEST PALM BEACH 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 617.0502 and 617.1503, 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 relisting)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**VP
ABRAMSON, LAWRENCE M
1880 FOREST HILL BOULEVARD
WEST PALM BEACH FL 33406**

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**SD
JACOBSON, SIDNEY
360 S. OCEAN BLVD.
PALM BEACH FL**

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**P
KLEIN, ELIZABETH S
13889 DEER CREEK DRIVE
PALM BEACH GARDENS FL**

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**VP
SAULSON, WILLIAM F
3630 WHITE HALL DRIVE
WEST PALM BEACH FL 33401**

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**T
RUBINS, JONATHAN D
8542 BEACON HILL ROAD
PALM BEACH GARDENS FL 33410**

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**MD
NEWSTEIN, NEIL P
17032 SHETLAND LANE
LOXAHATCHEE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

**TREASURER
BARRY ROSENBLUM
1105 NORTHUMBERLAND CT
WELLINGTON FL 33414**

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

**PRESIDENT
MICHAEL A LAMPENT
2970 BURGONNE LANE
WEST PALM BEACH FL 33409**

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

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

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 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:

SIGNATURE: [Signature]

4/15/98

CR2E037 (10/97)