


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2005 08:00 AM
Secretary of State

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| DOCUMENT # 728996 1. Entity Name FERD AND GLADYS ALPERT JEWISH FAMILY & CHILDREN'S SERVICE OF PALM BEACH COUNTY, INC. |  |
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| Principal Place of Business 4605 COMMUNITY DRIVE WEST PALM BEACH, FL 33417 | Mailing Address 4605 COMMUNITY DRIVE WEST PALM BEACH, FL 33417 |
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DO NOT WRITE IN THIS SPACE



02232005 No Chg-NP CR2E037 (10/03)

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| 4. FEI Number 59-1520581 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent SCHWARTZ, DAVID R ESQ 1655 PALM BEACH LAKES BLVD. #106 WEST PALM BEACH, FL 33401 |
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

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

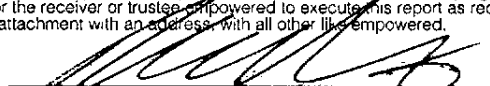
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| Filing Fee is \$61.25 Due by May 1, 2005 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T ABRAMSON, LAWRENCE 1860 FOREST HILL BLVD #200 WEST PALM BEACH, FL 33406 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GOTTEHALL, HAROLD 10221 HERONWOOD LN WEST PALM BEACH, FL 33412 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LAMBERT, MICHAEL 1655 PALM BEACH LAKES BLVD STE WEST PALM BEACH, FL 33412 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MD NEWSTEIN, NEIL P 146 COCOPLUM LANE ROYAL PALM BEACH, FL 33411 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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1100000244574
02/26/05-80027-006 61.25

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  2/23/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #