2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 29, 2007 8:00 am Secretary of State 01-29-2007 90087 016 ****61.25

DOCUMENT #728996

1. Entity Name FERD AND GLADYS ALPERT JEWISH FAMILY &



CHILDREN'S SERVICE OF PALM BEACH COUNTY, INC.									
Principal Place of Business 4605 COMMUNITY DRIVE WEST PALM BEACH, FL 33417		Mailing Address 4605 COMMUNITY DRIVE WEST PALM BEACH, FL 33417				60008	909		
	Place of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc. Se 200		PO Box 220 677 Suite, Apt. #, etc.			01242007 C	hg-NP	CR2E037 (12/06)		
City & Stat	** ***	City & State UEST Palm	Beach, FL	,	4. FEI Number 59-152058	31	 	pplied For ot Applicable	
3342Z	Country 6. Name and Address of Current F	334 ZZ	Country		5. Certificate of S	tatus Desired	□ \$8.75 Ad Fee Require		
	Name	7. Name and Address of New Registered Agent							
SCHWARTZ, DAVID R ESQ				regine					
	M BEACH LAKES BLVD. #106 LM BEACH, FL 33401		Street Address (P.O. Box Number is Not Acceptable)						
			City				FL Zip Coo	ie	
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			<u>,</u>			,,,			
	Signature, typed or printed name of registered agent a	nd title if applicable. (N	OTE: Registered Agent signa	ature required	when reinstating)	, .	DATE		
	Filling Fee is \$61.25 Due by May 1, 2007	9. Election C	OTE: Registered Agent signa 		\$5.00 May Be Added to Fees		DATE lake check payable tida Department of S		
10.	Filing Fee is \$61.25	9. Election C Trust Fund	атраідл Financing		\$5.00 May Be Added to Fees	Flor	ake check payable t	tate	
TITLE NAME	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIR D ABRAMSON, LAWRENCE	9. Election C Trust Fund	Eampaign Financing d Contribution. 11. IIILE NAME		\$5.00 May Be Added to Fees ADDITIONS/CHANG	Flor	lake check payable tida Department of S	tate	
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12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 operustee 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 extern like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561684199 Daytime Phone #