

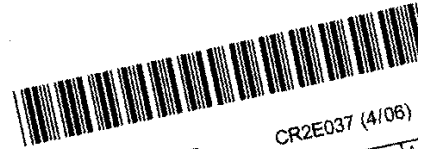
2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 728996

1. Entity Name
**FERD AND GLADYS ALPERT JEWISH FAMILY &
CHILDREN'S SERVICE OF PALM BEACH COUNTY, INC.**

Principal Place of Business
**5841 CORPORATE WAY
STE 200
WEST PALM BEACH, FL 33422**

Mailing Address
**P.O. BOX 220627
WEST PALM BEACH, FL 33422**



01282008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-1520581

5. Certificate of Status Desired ☐ **\$8.75** / Fee Req

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

6. Name and Address of Current Registered Agent

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

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 fan the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Filing Fee is \$61.25
Due by May 1, 2008**

OFFICERS AND DIRECTORS

10.

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D 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
**T EFRON, NEIL
2637 MOHAWK CIR
WEST PALM BEACH, FL 33409**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P KEMINS, ALAN
185 BARBADOS
JUPITER, FL 33458**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 617, Florida Statutes, and that my signature shall have the same effect as required by Chapter 617, Florida Statutes, if the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, has changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DO NOT
IN THI**

02/11/08