2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#728996

FILED Mar 02, 2009 Secretary of State

Entity Name: FERD AND GLADYS ALPERT JEWISH FAMILY & CHILDREN'S SERVICE OF PALM BEACH COUNTY,

Current Principal Place of Business: New Principal Place of Business:

5841 CORPORATE WAY STE 200

WEST PALM BEACH, FL 33422

New Mailing Address: Current Mailing Address:

P.O. BOX 220627 WEST PALM BEACH, FL 33422

FEI Number: 59-1520581 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete () Change () Addition ABRAMSON, LAWRENCE Name: Name: 1860 FOREST HILL BLVD #200 Address: Address: City-St-Zip: WEST PALM BEACH, FL 33406 City-St-Zip: () Delete Title: Title: () Change () Addition GOTTEHALL, HAROLD Name: Name: Address: 10221 HERONWOOD LN Address: City-St-Zip: WEST PALM BEACH, FL 33412 City-St-Zip: Title: () Delete Title: () Change () Addition LAMBERT, MICHAEL Name: Name: 1655 PALM BEACH LAKES BLVD STE Address: Address: City-St-Zip: WEST PALM BEACH, FL 33412 City-St-Zip: Title: MD () Delete Title: () Change () Addition Name: NEWSTEIN, NEIL P Name: Address: 146 COCOPLUM LANE Address:

City-St-Zip: ROYAL PALM BEACH, FL 33411 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

EFRON, NEIL ABRAMS, DONALD Name: Name: 2637 MOHAWK CIR 7762 PINE ISLAND WAY Address: Address: City-St-Zip: WEST PALM BEACH, FL 33409 City-St-Zip: WEST PALM BEACH, FL 33411

Title: () Delete Title: (X) Change () Addition

KEMINS, ALAN LAMPERT, ARNOLD Name: Name: Address: 185 BARBADOS Address: 2900 LE BATEAU DRIVE

PALM BEACH GARDENS, FL 33410 JUPITER, FL 33458 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NEIL NEWSTEIN MD 03/02/2009