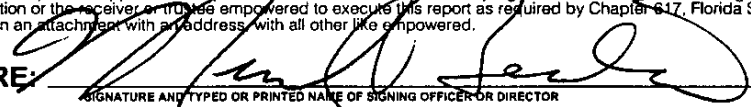


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90239 019 \*\*\*\*70.00

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| <b>DOCUMENT # 730118</b><br>1. Entity Name<br><b>GULF COAST JEWISH FAMILY SERVICES, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| Principal Place of Business<br><b>14041 ICOT BOULEVARD<br/>CLEARWATER, FL 33760 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       |                                                                                  | Mailing Address<br><b>14041 ICOT BOULEVARD<br/>CLEARWATER, FL 33760 US</b>                                                                |                                                                                   |  |       |    |                                 |      |                  |  |                |                    |  |                 |                |  |       |   |                                 |      |               |  |                |                |  |                 |                    |  |       |     |                                 |      |                |  |                |                       |  |                 |                      |  |       |     |                                 |      |                 |  |                |                      |  |                 |                       |  |       |    |                   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| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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                    | 3. Mailing Address                                                               |                                                                                                                                           |                                                                                   |  |       |    |                                 |      |                  |  |                |                    |  |                 |                |  |       |   |                                 |      |               |  |                |                |  |                 |                    |  |       |     |                                 |      |                |  |                |                       |  |                 |                      |  |       |     |                                 |      |                 |  |                |                      |  |                 |                       |  |       |    |                                 |      |             |  |                |                 |  |                 |                       |  |       |      |                                 |      |                    |  |                |                      |  |                 |                |  |       |     |                                                                              |      |               |  |                |                |  |                 |                      |  |       |     |                                                                              |      |  |  |                |  |  |                 |  |  |       |     |                                                                              |      |  |  |                |  |  |                 |  |  |       |       |                                                                              |      |  |  |                |  |  |                 |  |  |       |  |                                                                   |      |  |  |                |  |  |                 |  |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                       | Suite, Apt. #, etc.                                                              |                                                                                                                                           |                                                                                   |  |       |    |                                 |      |                  |  |                |                    |  |                 |                |  |       |   |                                 |      |               |  |                |                |  |                 |                    |  |       |     |                                 |      |                |  |                |                       |  |                 |                      |  |       |     |                                 |      |                 |  |                |                      |  |                 |                       |  |       |    |                   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| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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                    |                                                                                  | 7. Name and Address of New Registered Agent                                                                                               |                                                                                   |  |       |    |                                 |      |                  |  |                |                    |  |                 |                |  |       |   |                                 |      |               |  |                |                |  |                 |                    |  |       |     |                                 |      |                |  |                |                       |  |                 |                      |  |       |     |                                 |      |                 |  |                |                      |  |                 |                       |  |       |    |                                 |      |             |  |                |                 |  |                 |                       |  |       |      |                                 |      |                    |  |                |                      |  |                 |                |  |       |     |                                                                              |      |               |  |                |                |  |                 |                      |  |       |     |                                                                              |      |  |  |                |  |  |                 |  |  |       |     |                                                                              |      |  |  |                |  |  |                 |  |  |       |       |                                                                              |      |  |  |                |  |  |                 |  |  |       |  |                                                                   |      |  |  |                |  |  |                 |  |  |
| <b>BERNSTEIN, MICHAEL<br/>14041 ICOT BOULEVARD<br/>CLEARWATER, FL 33760</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                       |                                                                                  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="text-align: right;"> <b>FL</b>    Zip Code       </div> |                                                                                   |  |       |    |                                 |      |                  |  |                |                    |  |                 |                |  |       |   |                                 |      |               |  |                |                |  |                 |                    |  |       |     |                                 |      |                |  |                |                       |  |                 |                      |  |       |     |                                 |      |                 |  |                |                      |  |                 |                       |  |       |    |                                 |      |             |  |                |                 |  |                 |                       |  |       |      |                                 |      |                    |  |                |                      |  |                 |                |  |       |     |                                                                              |      |               |  |                |                |  |                 |                      |  |       |     |                                                                              |      |  |  |                |  |  |                 |  |  |       |     |                                                                              |      |  |  |                |  |  |                 |  |  |       |       |                                                                              |      |  |  |                |  |  |                 |  |  |       |  |                                                                   |      |  |  |                |  |  |                 |  |  |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="text-align: right;">DATE _____</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| <b>Filing Fee is \$61.25<br/>Due by May 1, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                       | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                           | <b>\$5.00 May Be<br/>Added to Fees</b>                                            |  |       |    |                                 |      |                  |  |                |                    |  |                 |                |  |       |   |                                 |      |               |  |                |                |  |                 |                    |  |       |     |                                 |      |                |  |                |                       |  |                 |                      |  |       |     |                                 |      |                 |  |                |                      |  |                 |                       |  |       |    |                                 |      |             |  |                |                 |  |                 |                       |  |       |      |                                 |      |                    |  |                |                      |  |                 |                |  |       |     |                                                                              |      |               |  |                |                |  |                 |                      |  |       |     |                                                                              |      |  |  |                |  |  |                 |  |  |       |     |                                                                              |      |  |  |                |  |  |                 |  |  |       |       |                                                                              |      |  |  |                |  |  |                 |  |  |       |  |                                                                   |      |  |  |                |  |  |                 |  |  |
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 |                       | <b>Make check payable to<br/>Florida Department of State</b>                     |                                                                                                                                           |                                                                                   |  |       |    |                                 |      |                  |  |                |                    |  |                 |                |  |       |   |                                 |      |               |  |                |                |  |                 |                    |  |       |     |                                 |      |                |  |                |                       |  |                 |                      |  |       |     |                                 |      |                 |  |                |                      |  |                 |                       |  |       |    |                   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| <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;">CD</td> <td style="width: 20%; padding: 2px; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">BERNSTEIN, DAVID</td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">2424 ENTERPRISE RD</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;">CLEARWATER, FL</td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">D</td> <td style="padding: 2px; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">MENSCH, MYRON</td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">111 2ND AVE NE</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;">ST. 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PASEDNA, FL 33707</td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">DVC</td> <td style="padding: 2px; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">BERGOFFEN, LEAH</td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">3599 WOODRIDGE PLACE</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;">PALM HARBOR, FL 34684</td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">TD</td> <td style="padding: 2px; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">KLEIN, GARY</td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">1575 CURLE W RD</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;">PALM HARBOR, FL 34683</td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">PCEO</td> <td style="padding: 2px; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">BERNSTEIN, MICHAEL</td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">14041 ICOT BOULEVARD</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;">CLEARWATER, FL</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;">C/D</td> <td style="width: 20%; padding: 2px; text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">DAVID ABELSON</td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">26301 US 19 N.</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;">CLEARWATER, FL 33761</td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">T/D</td> <td style="padding: 2px; text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">S/D</td> <td style="padding: 2px; text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">V/C/D</td> <td style="padding: 2px; text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td></td> </tr> </table> </div> </div> |                       |                                                                                  |                                                                                                                                           |                                                                                   |  | TITLE | CD | <input type="checkbox"/> Delete | NAME | BERNSTEIN, DAVID |  | STREET ADDRESS | 2424 ENTERPRISE RD |  | CITY - ST - ZIP | CLEARWATER, FL |  | TITLE | D | <input type="checkbox"/> Delete | NAME | MENSCH, MYRON |  | STREET ADDRESS | 111 2ND AVE NE |  | CITY - ST - ZIP | ST. PETERSBURG, FL |  | TITLE | DVC | <input type="checkbox"/> Delete | NAME | SCHUTZ, GLADYS |  | STREET ADDRESS | 1847 SHORE DR.S.# 301 |  | CITY - ST - ZIP | S. PASEDNA, FL 33707 |  | TITLE | DVC | <input type="checkbox"/> Delete | NAME | BERGOFFEN, LEAH |  | STREET ADDRESS | 3599 WOODRIDGE PLACE |  | CITY - ST - ZIP | PALM HARBOR, FL 34684 |  | TITLE | TD | <input type="checkbox"/> Delete | NAME | KLEIN, GARY |  | STREET ADDRESS | 1575 CURLE W RD |  | CITY - ST - ZIP | PALM HARBOR, FL 34683 |  | TITLE | PCEO | <input type="checkbox"/> Delete | NAME | BERNSTEIN, MICHAEL |  | STREET ADDRESS | 14041 ICOT BOULEVARD |  | CITY - ST - ZIP | CLEARWATER, FL |  | TITLE | C/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | DAVID ABELSON |  | STREET ADDRESS | 26301 US 19 N. |  | CITY - ST - ZIP | CLEARWATER, FL 33761 |  | TITLE | T/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS |  |  | CITY - ST - ZIP |  |  | TITLE | S/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS |  |  | CITY - ST - ZIP |  |  | TITLE | V/C/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS |  |  | CITY - ST - ZIP |  |  | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS |  |  | CITY - ST - ZIP |  |  |
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 | V/C/D                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition     |                                                                                                                                           |                                                                                   |  |       |    |                                 |      |                  |  |                |                    |  |                 |                |  |       |   |                                 |      |               |  |                |                |  |                 |                    |  |       |     |                                 |      |                |  |                |                       |  |                 |                      |  |       |     |                                 |      |                 |  |                |                      |  |                 |                       |  |       |    |                   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                     |      |  |  |                |  |  |                 |  |  |
| 12. I hereby 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 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| <b>SIGNATURE:</b>  <div style="float: right; text-align: right;">         Date: <b>3/23/06</b>    Daytime Phone #: <b>(727) 538-7150</b> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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          |                       |  |       |      |                                 |      |                    |  |                |                      |  |                 |                |  |       |     |                                                                              |      |               |  |                |                |  |                 |                      |  |       |     |                                                                              |      |  |  |                |  |  |                 |  |  |       |     |                                                                              |      |  |  |                |  |  |                 |  |  |       |       |                                                                              |      |  |  |                |  |  |                 |  |  |       |  |                                                                   |      |  |  |                |  |  |                 |  |  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**40038608**



03202006 Chg-NP CR2E037 (11/05)

4. FEI Number **59-1229354** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**