

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730118

FILED
Mar 31, 2009
Secretary of State

Entity Name: GULF COAST JEWISH FAMILY SERVICES, INC.

Current Principal Place of Business:

14041 ICOT BOULEVARD
CLEARWATER, FL 33760 US

New Principal Place of Business:

Current Mailing Address:

14041 ICOT BOULEVARD
CLEARWATER, FL 33760 US

New Mailing Address:

FEI Number: 59-1229354 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BERNSTEIN, MICHAEL
14041 ICOT BOULEVARD
CLEARWATER, FL 33760 US

Name and Address of New Registered Agent:

BERNSTEIN, MICHAEL A CEO
14041 ICOT BOULEVARD
CLEARWATER, FL 33760 US

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: MICHAEL BERNSTEIN

03/31/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: ABELSON, DAVID
Address: 26301 US 19 NORTH
City-St-Zip: CLEARWATER, FL 33761

Title: TD () Delete
Name: MILLER, JAY
Address: 405 CENTRAL AVE., SUITE 100
City-St-Zip: ST. PETERSBURG, FL 33701

Title: SD () Delete
Name: SCHUTZ, GLADYS
Address: 1847 SHORE DR.S.# 301
City-St-Zip: S. PASEDNA, FL 33707

Title: DVC () Delete
Name: STERENSIS, BARBARA
Address: 8912 LAUREL DRIVE
City-St-Zip: PINELLAS PARK, FL 33782

Title: VCD () Delete
Name: KLEIN, GARY
Address: 1575 CURLE W RD
City-St-Zip: PALM HARBOR, FL 34683

Title: PCEO () Delete
Name: BERNSTEIN, MICHAEL
Address: 14041 ICOT BOULEVARD
City-St-Zip: CLEARWATER, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: MILLER, JAY
Address: 405 CENTRAL AVENUE
City-St-Zip: ST. PETERSBURG, FL 33701

Title: SD (X) Change () Addition
Name: BERGOFFEN, LEAN
Address: PO BOX 220
City-St-Zip: CRYSTAL BEACH, FL 34681-022

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: MICHAEL BERNSTEIN

PCEO

03/31/2009

Electronic Signature of Signing Officer or Director

Date