

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-27-2006 90252 006 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                              |                                                                                    |                                                                                                                                                                         |                                                                                   |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>DOCUMENT # 736196</b><br>1. Entity Name<br><b>TAMPA JEWISH FAMILY SERVICES, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                              |                                                                                    |                                                                                                                                                                         |  |                                                                                           |
| Principal Place of Business<br><b>13009 COMMUNITY CAMPUS DR.<br/>TAMPA, FL 33625-4000 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                              |                                                                                    | Mailing Address<br><b>13009 COMMUNITY CCAMPUS DR.<br/>TAMPA, FL 33624-4000 US</b>                                                                                       |                                                                                   |                                                                                           |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                              | 3. Mailing Address                                                                 |                                                                                                                                                                         |                                                                                   |                                                                                           |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                              | Suite, Apt. #, etc.                                                                |                                                                                                                                                                         |                                                                                   |                                                                                           |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                              | City & State                                                                       |                                                                                                                                                                         |                                                                                   |                                                                                           |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                                                      | Zip                                                                                | Country                                                                                                                                                                 |                                                                                   |                                                                                           |
| 4. FEI Number<br><b>59-1549670</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                              |                                                                                    |                                                                                                                                                                         | Applied For<br><input type="checkbox"/> Not Applicable                            |                                                                                           |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                              |                                                                                    |                                                                                                                                                                         | <b>\$8.75 Additional Fee Required</b>                                             |                                                                                           |
| 6. Name and Address of Current Registered Agent<br><br><b>HARRIS, WARREN<br/>304 S FIELFING AVE<br/>TAMPA, FL 33606</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                              |                                                                                    | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> Zip Code |                                                                                   |                                                                                           |
| 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                              |                                                                                    |                                                                                                                                                                         |                                                                                   |                                                                                           |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                              | 9. Election Campaign Financing<br><input type="checkbox"/> Trust Fund Contribution |                                                                                                                                                                         | <b>\$5.00 May Be Added to Fees</b>                                                |                                                                                           |
| Make check payable to Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                              |                                                                                    |                                                                                                                                                                         |                                                                                   |                                                                                           |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                              |                                                                                    | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                                                            |                                                                                   |                                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>D</b><br><b>LIEBER, CAROL</b><br><b>11215 CARROLLWOOD DRIVE</b><br><b>TAMPA, FL 33618</b> |                                                                                    | <input type="checkbox"/> Delete                                                                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <b>MD</b><br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>VD</b><br><b>FREEDMAN, STEVE</b><br><b>18907 AVE. BIARRITZ</b><br><b>LUTZ, FL 33549</b>   |                                                                                    | <input type="checkbox"/> Delete                                                                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <b>D</b><br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>D</b><br><b>SPECTER, STEVEN</b><br><b>2008 CHICKWOOD CT</b><br><b>TAMPA, FL 33618</b>     |                                                                                    | <input type="checkbox"/> Delete                                                                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>SD</b><br><b>LORENZEN, ELLEN</b><br><b>3335 BEARS AVE W.</b><br><b>TAMPA, FL 33618</b>    |                                                                                    | <input type="checkbox"/> Delete                                                                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>PD</b><br><b>HARRIS, WARREN</b><br><b>4106 W. LEONA ST</b><br><b>TAMPA, FL 33629</b>      |                                                                                    | <input type="checkbox"/> Delete                                                                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>D</b><br><b>SHAW, BRIAN</b><br><b>4210 FAIRWAY CIRCLE</b><br><b>TAMPA, FL 33624</b>       |                                                                                    | <input checked="" type="checkbox"/> Delete                                                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <b>VD</b><br><b>SEGALL, ESTHER</b><br><b>13612 LYTTON WAY</b><br><b>TAMPA, FL 33624</b>   |
| 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. |                                                                                              |                                                                                    |                                                                                                                                                                         |                                                                                   |                                                                                           |
| <b>SIGNATURE:</b> <u>Esther Segall</u> <b>Esther Segall</b> <span style="float: right;">3-20-06 813-960-1848</span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                              |                                                                                    |                                                                                                                                                                         |                                                                                   |                                                                                           |

ATTACHMENT 40039268  
~~#736196~~  
ADDITIONAL BOARD OF DIRECTORS LIST

TD  
FIRESTONE, RENA  
3047 SAMARA DRIVE  
TAMPA, FL 33618

D  
BELDYK, DEBORAH  
3801 NORTHGREEN AVENUE #3802  
TAMPA, FL 33624

D  
CONOVER, SHOSHANAH  
3303 W. SWANN AVENUE  
TAMPA, FL 33609

D  
ELOZORY, TOBY  
13811 SHADY SHORES DRIVE  
TAMPA, FL 33613

D  
FELDMAN, NADINE  
4308 CARROLLWOOD VLG. DR.  
TAMPA, FL 33624

D  
FINK, BEVERLY  
10605 ORANGE GROVE DRIVE  
TAMPA, FL 33618

D  
HAUBENSTOCK, SUSAN  
506 LUCERNE AVENUE  
TAMPA, FL 33606

D  
JAFFE, CAROL  
6630 STONINGTON DRIVE  
TAMPA, FL 33647

D  
KREITZER, LAURA  
4917 ANDROS AVENUE  
TAMPA, FL 33629

D  
MOSKOVITZ, MEG  
1113 CULBREATH ISLES DRIVE  
TAMPA, FL 33629

D  
SCHUSTER-NASTIR, ELLEN  
15028 LAKE EMERALD BLVD.  
TAMPA, FL 33618

D  
PORT, BARBARA  
4812 BEACHWAY DRIVE  
TAMPA, FL 33609

D  
SLUTZKY, JERROLD  
28930 LONG MEADOW LOOP  
WESLEY CHAPEL, FL

D  
SOCK, JUSTIN  
4915 MELROW COURT  
TAMPA, FL 33624

D  
SOLOMON, DALE  
3301 BAYSHORE BLVD.  
TAMPA, FL 33629

D  
SOLOMON, SHEILA  
4007 CARROLLWOOD VLG. DR.  
TAMPA, FL 33618

D  
STAHL, HARVEY  
4304 PLACE LE MANES  
LUTZ, FL 33558

D  
STEINBERG, MARLENE  
4505 LUMB AVENUE  
TAMPA, FL 33629