



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90046 031 ****61.25

DOCUMENT # 736196 1. Entity Name TAMPA JEWISH FAMILY SERVICES, INC.					
Principal Place of Business 13009 COMMUNITY CAMPUS DR. TAMPA, FL 33625-4000 US			Mailing Address 13009 COMMUNITY CCAMPUS DR. TAMPA, FL 33624-4000 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-1549670	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HARRIS, WARREN 304 S FIELDING AVE FIELDING TAMPA, FL 33606				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MD LIEBER, CAROL 11215 CARROLLWOOD DRIVE TAMPA, FL 33618	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FREEDMAN, STEVE 18907 AVE. BIARRITZ LUTZ, FL 33549	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SPECTER, STEVEN 2008 CHICKWOOD CT TAMPA, FL 33618	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD LORENZEN, ELLEN 3335 BEARS AVE W. TAMPA, FL 33618	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HARRIS, WARREN 4106 W. LEONA ST TAMPA, FL 33629	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SEGALL, ESTHER 13612 LYTTON WAY TAMPA, FL 33624	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD STAHL, HARVEY 4304 PLACE LE MANES LUTZ, FL 33558	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	16209 LAKE MAGDALENE BLVD Tampa, FL 33613	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
SIGNATURE: <u>Esther Segall</u> Esther Segall <u>2-14-07</u> <u>813-960-9337</u>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT

40019770

~~736196~~

ADDITIONAL BOARD OF DIRECTORS LIST

D

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

D

CORN, JOSHUA
5440 S. MACDILL AVE. #1B
TAMPA, FL 33611

D

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

D

FINK, BEVERLY
10605 ORANGE GROVE DR.
TAMPA, FL 33618

D

HAUBENSTOCK, SUSAN
506 LUCERNE AVE.
TAMPA, FL 33606

D

LEPOW, JAN
16306 SWAN VIEW CIRCLE
ODESSA, FL 33556

D

LEVINE, IRENE
11663 FOX CREEK DRIVE
TAMPA, FL 33635

D

MOSKOVITZ, MEG
1113 CULBREATH ISLES DR.
TAMPA, FL 33629

D

SLUTZKY, JERROLD
28930 LONG MEADOW LOOP
WESLEY CHAPEL, FL. 33543

D

SOCK, JUSTIN
4915 MELROW COURT
TAMPA, FL 33624

D

SOLOMON, DALE
3901 BAYSHORE BLVD. #1608
TAMPA, FL 33629

D

STEINBERG, MARLENE
4505 LUMB AVENUE
TAMPA, FL 33629

D

WEINSTEIN, CAROL
4404 MEADOW WOOD WAY
TAMPA, FL 33618

D

WHITE, BEVERLY
10701 LAKE CARROLL WAY
TAMPA, FL 33618