

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736196

FILED
Apr 14, 2009
Secretary of State

Entity Name: TAMPA JEWISH FAMILY SERVICES, INC.

Current Principal Place of Business:

13009 COMMUNITY CAMPUS DR.
TAMPA, FL 336254000 US

New Principal Place of Business:

Current Mailing Address:

13009 COMMUNITY CCAMPUS DR.
TAMPA, FL 336244000 US

New Mailing Address:

FEI Number: 59-1549670

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRIS, WARREN
304 S FIELFING AVE
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

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:

Title: MD () Delete
Name: WAGNER-SCHUSTER, PENNY
Address: 12035 TUSCANY BAY DR. #102
City-St-Zip: TAMPA, FL 33626

Title: VD () Delete
Name: FREEDMAN, STEVE
Address: 18907 AVENUE BIARRITZ
City-St-Zip: LUTZ, FL 33549

Title: TD () Delete
Name: STAHL, HARVEY
Address: 4304 PLACE LE MANES
City-St-Zip: LUTZ, FL 33558

Title: D () Delete
Name: LORENZEN, ELLEN
Address: 16209 LAKE MAGDALENE BLVD.
City-St-Zip: TAMPA, FL 33613

Title: D () Delete
Name: HARRIS, WARREN
Address: 4106 LEONA ST, W.
City-St-Zip: TAMPA, FL 33629

Title: PD () Delete
Name: SEGALL, ESTHER
Address: 13612 LYTTON WAY
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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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: PENNY WAGNER-SCHUSTER

MD

04/14/2009

Electronic Signature of Signing Officer or Director

Date