


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 08:00 AM
Secretary of State

DOCUMENT # 745303		
1. Entity Name JEWISH FAMILY SERVICES OF GREATER ORLANDO, INC.		
Principal Place of Business 2100 LEE RD WINTER PARK, FL 32789	Mailing Address 2100 LEE RD WINTER PARK, FL 32789	



01302008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1873758	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PETREE, ROBERT
 501 N. MAGNOLIA
 ORLANDO, FL 32801

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHERMAN, MARTIN E 8226 LAKE CROMWELL CIRCLE ORLANDO, FL 32836
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WEISSMANN, ROBERT 125 WOODMILL ROAD LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GROSSMAN, BARBARA 104 JUNIPER LANE LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RIOLA, JAMES 4581 OLD CARRIAGE TRAIL OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD KUDLOWITZ, BARRY J 405 BAY TREE LANE LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ANDREWS, DIANE I 1821 ALAQUA DRIVE LONGWOOD, FL 32779

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U00000821139
 02/19/08-80012-008 61.25

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: Ray D. Kadish 02/04/08 407-644-7593
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #