

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745303

FILED
Jan 07, 2009
Secretary of State

Entity Name: JEWISH FAMILY SERVICES OF GREATER ORLANDO, INC.

Current Principal Place of Business:

2100 LEE RD
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

2100 LEE RD
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: 59-1873758 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KUDLOWITZ, BARRY
2100 LEE ROAD
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

KUDLOWITZ, BARRY J
2100 LEE ROAD
WINTER PARK, FL 32789 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: BARRY KUDLOWITZ 01/07/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SHERMAN, MARTIN E
Address: 8226 LAKE CROMWELL CIRCLE
City-St-Zip: ORLANDO, FL 32836

Title: VP () Delete
Name: WEISSMANN, ROBERT
Address: 125 WOODMILL ROAD
City-St-Zip: LONGWOOD, FL 32779

Title: VP () Delete
Name: GROSSMAN, BARBARA
Address: 104 JUNIPER LANE
City-St-Zip: LONGWOOD, FL 32779

Title: TD () Delete
Name: RIOLA, JAMES
Address: 4581 OLD CARRIAGE TRAIL
City-St-Zip: OVIEDO, FL 32765

Title: DD () Delete
Name: KUDLOWITZ, BARRY J
Address: 405 BAY TREE LANE
City-St-Zip: LONGWOOD, FL 32779

Title: SD () Delete
Name: ANDREWS, DIANE I
Address: 1821 ALAQUA DRIVE
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP (X) Change () Addition
Name: JIM, RIOLA
Address: 4581 OLD CARRIAGE TRAIL
City-St-Zip: OVIEDO, FL 32765

Title: TD (X) Change () Addition
Name: GOLD, TAYLER
Address: 943 CINNAMON COURT
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: BARRY J. KUDLOWITZ DD 01/07/2009
Electronic Signature of Signing Officer or Director Date