

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jan 07, 2010
Secretary of State

DOCUMENT# N01000005611

Entity Name: JEWISH ASSOCIATION FOR RESIDENTIAL CARE, INC.**Current Principal Place of Business:**21160 95TH AVE SOUTH
BOCA RATON, FL 33428**New Principal Place of Business:****Current Mailing Address:**21160 95TH AVE SOUTH
BOCA RATON, FL 33428**New Mailing Address:****FEI Number:** 65-1131701**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CLAYMAN, CARYN J ESQ
7015 BERACASA WAY #201
BOCA RATON, FL 33433 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: D
Name: OKO, BARBARA MRS.
Address: 17855 LAKE ESTATES DRIVE
City-St-Zip: BOCA RATON, FL 33496

Title: D
Name: CLAYMAN, MEL DR.
Address: 16584 IRONWOOD DRIVE
City-St-Zip: DELRAY BEACH, FL 33445

Title: D
Name: SIEGEL, RONALD ESQ
Address: 1800 N.W. CORPORATE BLVD. SUITE 302
City-St-Zip: BOCA RATON, FL 33431

Title: D
Name: MARKOFF, PAUL MR.
Address: 7611 ISLA VERDE WAY
City-St-Zip: DELRAY BEACH, FL 33446

Title: D
Name: CLAYMAN, CARYN ESQ.
Address: PO BOX 810186
City-St-Zip: BOCA RATON, FL 33481

I hereby 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 all other like empowered.

SIGNATURE: DEBRA HALLOW

ED

01/07/2010

Electronic Signature of Signing Officer or Director

Date