2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005611

FILED Feb 11, 2011 Secretary of State

Entity Name: JEWISH ASSOCIATION FOR RESIDENTIAL CARE, INC.

Current Principal Place of Business: New Principal Place of Business:

21160 95TH AVE SOUTH BOCA RATON, FL 33428

Current Mailing Address: New Mailing Address:

21160 95TH AVE SOUTH BOCA RATON, FL 33428

FEI Number: 65-1131701 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CLAYMAN, CARYN J ESQ
7015 BERACASA WAY #201
BOCA RATON, FL 33433 US
CLAYMAN, CARYN J ESQ
2499 GLADES ROAD
SUITE 110
BOCA RATON, FL 33431 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: 02/11/2011

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: [

 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:

Name: SIEGEL, RONALD ESQ

Address: 1800 N.W.CORPORATE BLVD. SUITE 302

City-St-Zip: BOCA RATON, FL 33431

Title:

 Name:
 MARKOFF, PAUL MR.

 Address:
 7611 ISLA VERDE WAY

 City-St-Zip:
 DELRAY BEACH, FL 33446

Title:

Name: CLAYMAN, CARYN ESQ.
Address: 2499 GLADES ROAD, SUITE 110
City-St-Zip: BOCA RATON, FL 33431

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 DIR 02/11/2011