2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2005
Secretary of State

DOCUMENT# N04000002670

Entity Name: JEWISH ADOPTION AND FOSTER CARE OPTIONS, INC.

Current Principal Place of Business:

4200 N UNIVERSITY DR
SUNRISE, FL 33351

New Principal Place of Business:

Current Mailing Address:

4200 N UNIVERSITY DR
SUNRISE, FL 33351

New Mailing Address:

FEI Number: 20-0898587 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GLASSER, GENE K
C/O ABRAMS ANTON, P.A.
2021 TYLER ST
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

GLASSER, GENE K
GREENSPOON MARDER
2021 TYLER ST
HOLLYWOOD, FL 33020 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: GENE K. GLASSER 05/18/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: SIMON, RON
Address: 10540 LA REINA RD
City-St-Zip: DELRAY BEACH, FL 33446

Title: T ( ) Delete
Name: GOBER, MARA
Address: 3072 OLD STILL LANE
City-St-Zip: WESTON, FL 33331

Title: T ( ) Delete
Name: PRESLER, RABBI BERNHARD
Address: 13000 SW 29TH CT
City-St-Zip: DAVIE, FL 33330

Title: T ( ) Delete
Name: WELCHOLZ, STEVE
Address: 800 S OCEAN BLVD #304
City-St-Zip: BOCA RATON, FL 33432

Title: T ( ) Delete
Name: SIMON, DENISE
Address: 10540 LA REINA RD
City-St-Zip: DELRAY BEACH, FL 33446

Title: T ( ) Delete
Name: SIMON, SANDI
Address: 1800 NE 114TH ST PH 3
City-St-Zip: N MIAMI, FL 33181

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:

Title: ( ) Change ( ) Addition
Name:
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 for the exemption stated in Section 119.07(3)(i), 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: RON SIMON T 05/18/2005
Electronic Signature of Signing Officer or Director Date