

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002670

FILED
Apr 06, 2007
Secretary of State

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 (X)

Name and Address of Current Registered Agent:

RONALD D. SIMON
10540 LA REINA ROAD
DELRAY BEACH, FL 33446 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: P () Delete
Name: SIMON, RONALD D
Address: 10540 LA REINA RD
City-St-Zip: DELRAY BEACH, FL 33446

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

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

Title: T () Delete
Name: LEVY, ALAN
Address: 75 ROYAL PALM DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33301

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

Title: D () Delete
Name: EISENSTEIN, HYMAN
Address: 3280 CHASE AVENUE
City-St-Zip: MIAMI BEACH, FL 33140

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
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Address:
City-St-Zip:

Title: () Change () Addition
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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 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: RONALD D. SIMON

P

04/06/2007

Electronic Signature of Signing Officer or Director

Date