## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000002670

FILED Apr 18, 2011 Secretary of State

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

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

4200 N UNIVERSITY DR SUNRISE, FL 33351

Current Mailing Address: New Mailing Address:

4200 N UNIVERSITY DR SUNRISE, FL 33351

FEI Number: 20-0898587 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

RONALD D. SIMON 10540 LA REINA ROAD DELRAY BEACH, FL 33446

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.

iii the State of Florida

Electronic Signature of Registered Agent

US

Date

## **OFFICERS AND DIRECTORS:**

Title: I

SIGNATURE:

Name: SIMON, RONALD D DR.
Address: 10540 LA REINA RD
City-St-Zip: DELRAY BEACH, FL 33446

Title: VP

 Name:
 GOBER, MARA

 Address:
 3072 OLD STILL LANE

 City-St-Zip:
 WESTON, FL 33331

Title: S

Name: PRESLER, BERNHARD RABBI

Address: 13000 SW 29TH CT City-St-Zip: DAVIE, FL 33330

Title:

Name: LEVY, ALAN

Address: 75 ROYAL PALM DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33301

Title:

 Name:
 PLOUGH, MAURICE D JR.

 Address:
 4799 N.W. 26 AVENUE

 City-St-Zip:
 BOCA RATON, FL 33434

Title: [

 Name:
 WEICHOLZ, STEPHEN

 Address:
 800 S. OCEAN BLVD., APT. 304

 City-St-Zip:
 BOCA RATON, FL 33432

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: RONALD D. SIMON PRES 04/18/2011