2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2012
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 (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
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: T
Name: LEVY, ALAN
Address: 75 ROYAL PALM DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: D
Name: PLOUGH, MAURICE D JR.
Address: 4799 N.W. 26 AVENUE
City-St-Zip: BOCA RATON, FL 33434

Title: D
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 P 04/16/2012

Electronic Signature of Signing Officer or Director Date