

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N26945** (8)

1. Corporation Name

**THE JEWISH CHARITY AND ELDERLY HOUSING FUND, INC**

Principal Place of Business

Mailing Address

999 WASHINGTON AVE.  
MIAMI FL 33139

999 WASHINGTON AVE.  
MIAMI FL 33139



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

GALBUT, HOWARD N, ESQ  
999 WASHINGTON AVE  
MIAMI FL 33130

3. Date Incorporated or Qualified

06/14/1988

3a. Date of Last Report

01/27/1995

4. FEI Number

65-0076270

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution



**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes



Yes No

10. Name and Address of New Registered Agent

81 Name **Abraham A. Galbut, Esq.**  
82 Street Address (P.O. Box Number is Not Acceptable) **999 WASHINGTON AVENUE**  
83  
84 City **MIAMI BEACH** FL 85 Zip Code **33139**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change is authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*[Signature]*

JAN 16-96

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD GALBUT, HYMAN P.**  
STREET ADDRESS **999 WASHINGTON AVE.**  
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE ☐ DELETE

NAME **SD GALBUT, ROBERT N.**  
STREET ADDRESS **999 WASHINGTON AVE.**  
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE ☐ DELETE

NAME **TD GALBUT, DAVID L.**  
STREET ADDRESS **999 WASHINGTON AVE.**  
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE ☐ DELETE

NAME **D GALBUT, ABRAHAM A.**  
STREET ADDRESS **999 WASHINGTON AVE.**  
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE ☐ DELETE

NAME **D GALBUT, RUSSELL W.**  
STREET ADDRESS **999 WASHINGTON AVE.**  
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 assignee of the corporation and am authorized to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with a checkmark.

SIGNATURE:

*[Signature]*

(Signature and typed or printed name of signing officer or director)

JAN 16, 1996 305-672-3100

Date

Daytime Phone #

CR2E037 (12/95)