


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N26945** (8)  
1. Corporation Name  
**THE JEWISH CHARITY AND ELDERLY HOUSING FUND, INC**



Principal Place of Business <b>C/O RUSSELL GALBUT 999 WASHINGTON AVE. MIAMI BEACH FL 33139 US</b>		Mailing Address <b>C/O RUSSELL GALBUT 999 WASHINGTON AVE. MIAMI BEACH FL 33139 US</b>		3. Date Incorporated or Qualified <b>06/14/1988</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		4. FEI Number <b>65-0076270</b>	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 Country		29 Country		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>GALBUT ESQ, ABRAHAM A 999 WASHINGTON AVE. MIAMI BEACH FL 33139</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	

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 was 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS			
TITLE	PD	<input type="checkbox"/> DELETE	
NAME	GALBUT, HYMAN P.		
STREET ADDRESS	999 WASHINGTON AVE.		
CITY-ST-ZIP	MIAMI BEACH FL		
TITLE	SD	<input type="checkbox"/> DELETE	
NAME	GALBUT, ROBERT N.		
STREET ADDRESS	999 WASHINGTON AVE.		
CITY-ST-ZIP	MIAMI BEACH FL		
TITLE	TD	<input type="checkbox"/> DELETE	
NAME	GALBUT, DAVID L.		
STREET ADDRESS	999 WASHINGTON AVE.		
CITY-ST-ZIP	MIAMI BEACH FL		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	GALBUT, ABRAHAM A.		
STREET ADDRESS	999 WASHINGTON AVE.		
CITY-ST-ZIP	MIAMI BEACH FL		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	GALBUT, RUSSELL W.		
STREET ADDRESS	999 WASHINGTON AVE.		
CITY-ST-ZIP	MIAMI BEACH FL		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report, supplemental annual report, or other 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, the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 of changes for an attachment with an address.

SIGNATURE: **ABRAHAM A. GALBUT** REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/98 672-3100

Date Daytime Phone # 0027536

CR2E037 (10/97)