

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2004 8:00 am
Secretary of State

08-30-2004 90012 048 ****61.25

DOCUMENT # N97000000786

1. Entity Name
JEWISH RESIDENTIAL AND FAMILY SERVICES, INC.



Principal Place of Business
**4605 COMMUNITY DRIVE
WEST PALM BEACH, FL 33417**

Mailing Address
**4605 COMMUNITY DRIVE
WEST PALM BEACH, FL 33417**

24082353



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08262004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
65-0737159

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LAMPERT, MICHAEL A ESQUIRE
1655 PALM BEACH LAKES BLVD.
SUITE 900
WEST PALM BEACH, FL 33401-2225**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
LEVY, HOWARD
440 COLUMBIA DR STE 500
WEST PALM BEACH, FL 33409 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
LAWRENCE ABRAMSON
1800 FOREST HILLS BLVD
WEST PALM BEACH, FL 33406 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ED
NEWSTEIN, NEIL P
146 COCOPLUM LANE
ROYAL PALM BEACH, FL 33411 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2VPD
BRENER, GEORGE MD
2035 LA PORTE DRIVE
PALM BEACH GARDENS, FL 33410 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
LAMPERT, MICHAEL A ESQ
2970 BURGUYNE LN
WEST PALM BCH, FL 33409 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
FRIEDKIN, RICHARD
10221 HEROWOOD LANE
WEST PALM BEACH, FL 33412 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Richard Friedman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/27/04

Date

5616841991

Daytime Phone #