2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # N97000000786

1. Entity Name

JEWISH RESIDENTIAL AND FAMILY SERVICES, INC.



FILED Feb 01, 2008 08:00 AN Secretary of State

Principal Place of Business

5841 CORPORATE WAY

204 | 508

WEST PALM BEACH, FL 33407

Mailing Address

PO BOX 220627

WEST PALM BEACH, FL 33417



01282008 No Chg-NP

CR2E037 (4/06)

4. FEI Number 65-0737159

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAMPERT, MICHAEL A ESQUIRE 1655 PALM BEACH LAKES BLVD. SUITE 900

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WEST PALM BEACH, FL 33401-2225			IN THIS SPACE			
	named entity submits this statement for the plans of registered agent.	ourpose of changing its registere	ed office or re	egistered agent, or b	oth, in the State of Florida I am familiar with, and acce	
SIGNATURE_	Signature, typed or printed name of registered agent and title	if applicable (NOTE Registered	a Agent signature	required when reinstating)	DATE	
	Filing Fee is \$61.25 Due by May 1, 2008	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABRANSON, LAWRENCE 1860 FOREST HILLS BLVD WEST PALM BEACH, FL 33406					
TITLE NAME	M NEMOTEIN NEIL B		.		02/11/08-80004-016 61.25	
STREET ADDRESS CITY-ST-ZIP	NEWSTEIN, NEIL P 146 COCOPLUM LANE ROYAL PALM BEACH, FL 33411			•		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	F LAMPERT, MICHAEL A ESQ 2970 BURGOYNE LN WEST PALM BCH, FL 33409			DC	DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EFRON, NEIL 2637 MOHAWK CIR WEST PALM BEACH, FL 33409		,	IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEVY, HOWARD 440 COLUMBIA DR STE 500 WEST PALM BEACH, FL 33409				•,	
TITLE	I					

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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 gmpowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

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Davima Phone #

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