

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N97000000786

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



Principal Place of Business
**5841 CORPORATE WAY
200
WEST PALM BEACH, FL 33407**

Mailing Address
**PO BOX 220627
WEST PALM BEACH, FL 33417**



01282008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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
WEST PALM BEACH, FL 33401-2225**

**DO NOT WRITE
IN THIS SPACE**

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 May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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
STREET ADDRESS
CITY-ST-ZIP
**M
NEWSTEIN, NEIL P
146 COCOPLUM LANE
ROYAL PALM BEACH, FL 33411**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
EFRON, NEIL
2637 MOHAWK CIR
WEST PALM BEACH, FL 33409**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000810885
02/11/08-80004-016 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby 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 empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #