2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2009
Secretary of State

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Entity Name: JEWISH RESIDENTIAL AND FAMILY SERVICES, INC.

Current Principal Place of Business:

5841 CORPORATE WAY
200
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

PO BOX 220627
WEST PALM BEACH, FL 33417

New Mailing Address:

FEI Number: 65-0737159 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAMPERT, MICHAEL A ESQUIRE
1655 PALM BEACH LAKES BLVD.
SUITE 900
WEST PALM BEACH, FL 334012225 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ABRANSON, LAWRENCE
Address: 1860 FOREST HILLS BLVD
City-St-Zip: WEST PALM BEACH, FL 33406

Title: M ( ) Delete
Name: NEWSTEIN, NEIL P
Address: 146 COCOPLUM LANE
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: F ( ) Delete
Name: LAMPERT, MICHAEL A ESQ
Address: 2970 BURGOYNE LN
City-St-Zip: WEST PALM BCH, FL 33409

Title: T ( ) Delete
Name: EFRON, NEIL
Address: 2637 MOHAWK CIR
City-St-Zip: WEST PALM BEACH, FL 33409

Title: P ( ) Delete
Name: LEVY, HOWARD
Address: 440 COLUMBIA DR STE 500
City-St-Zip: WEST PALM BEACH, FL 33409

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: ABRAMS, DONALD
Address: 7762 PINE ISLAND WAY
City-St-Zip: WEST PALM BEACH, FL 33411

Title: P (X) Change ( ) Addition
Name: KOMINS, ALAN
Address: 185 BARBADOS DRIVE
City-St-Zip: JUPITER, FL 33458

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NEIL NEWSTEIN M 03/02/2009

Electronic Signature of Signing Officer or Director — Date