

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002670

Entity Name: JEWISH ADOPTION AND FOSTER CARE OPTIONS, INC.**Current Principal Place of Business:**4200 N UNIVERSITY DR
SUNRISE, FL 33351**Current Mailing Address:**4200 N UNIVERSITY DR
SUNRISE, FL 33351**FEI Number:** 20-0898587**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**RONALD D. SIMON
10540 LA REINA ROAD
DELRAY BEACH, FL 33446 US*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**Officer/Director Detail :**

Title	P
Name	SIMON, RONALD DDR.
Address	10540 LA REINA RD
City-State-Zip:	DELRAY BEACH FL 33446

Title	S
Name	LIPTON, DELSIE
Address	4200 N UNIVERSITY DR
City-State-Zip:	SUNRISE FL 33351

Title	D
Name	PLOUGH, MAURICE DJR.
Address	4799 N.W. 26 AVENUE
City-State-Zip:	BOCA RATON FL 33434

Title	VP
Name	GOBER, MARA
Address	3072 OLD STILL LANE
City-State-Zip:	WESTON FL 33331

Title	T
Name	LEVY, ALAN
Address	75 ROYAL PALM DRIVE
City-State-Zip:	FORT LAUDERDALE FL 33301

Title	D
Name	WEICHOLZ, STEPHEN
Address	800 S. OCEAN BLVD., APT. 304
City-State-Zip:	BOCA RATON FL 33432

I hereby 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 all other like empowered.

SIGNATURE: RONALD D. SIMON**PRESIDENT****04/17/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date