

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005727

FILED  
Jul 06, 2007  
Secretary of State

Entity Name: OHEL CHILDREN'S HOME AND FAMILY SERVICES, INC.

**Current Principal Place of Business:**

4510 16TH AVENUE  
BROOKLYN, NY 11204

**New Principal Place of Business:**

**Current Mailing Address:**

4510 16TH AVENUE  
BROOKLYN, NY 11204

**New Mailing Address:**

FEI Number: 11-6078704      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

WEITZ, JACK R  
1021 IVES DAIRY ROAD, SUITE 119  
NORTH MIAMI BEACH, FL 33179      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: BERTRAM, MOSHE  
Address: 3401 TREMLEY POINT RD.  
City-St-Zip: LINDEN, NJ 07036

Title: D      ( ) Delete  
Name: BIBERFELD, MARCEL DR  
Address: 920 48TH STREET  
City-St-Zip: BROOKLYN, NY 11219

Title: D      ( ) Delete  
Name: PICKER, BARRY  
Address: 1406 AVE. X  
City-St-Zip: BROOKLYN, NY 11235

Title: D      ( ) Delete  
Name: PORT, YALE DR  
Address: 2022 AVE M  
City-St-Zip: BROOKLYN, NY 11210

Title: D      ( ) Delete  
Name: BORENSTEIN, SID  
Address: 1246 EAST 10TH STREET  
City-St-Zip: BROOKLYN, NY 11230

Title: D      ( ) Delete  
Name: BUNIM, MARK ESQ  
Address: 1290 AVE. OF THE AMERICAS  
City-St-Zip: NEW YORK, NY 10104

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

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

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

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: ADAM LANCER

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

QA,

07/06/2007

\_\_\_\_\_  
Date