

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 05 1996 8:00 am
Secretary of State

DOCUMENT # 761110 (6)
1. Corporation Name
JEWISH FEDERATION OF COLLIER COUNTY, INC.



Principal Place of Business: 1250 TAMiami TRAIL N. SUITE 304C NAPLES FL 33940
Mailing Address: 1250 TAMiami TRAIL N. SUITE 304C NAPLES FL 33940

3. Date Incorporated or Qualified: 12/03/1981
3a. Date of Last Report: 01/30/1995
4. FEI Number: 59-2151725
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 1250 Tamiami Tr N, Suite # 301C, Naples FL 33940
2a. Mailing Address: 26 SAME
27. City & State: 28 Naples FL
29. Zip: 24 33940, 25 Collier, 30

9. Name and Address of Current Registered Agent: LEVY, SHIRLEY H., 365 PIRATES RIGHT, NAPLES FL 33940
10. Name and Address of New Registered Agent: 81 Name: SAME, 82 Street Address: 700001733687, 83 -03/06/96--01026--003, 84 City: FL, 85 Zip Code

11: Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Shirley H. Levy* 1/23/96
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD NAME: FLAGEL, GERALD P. STREET ADDRESS: 5954 PELICAN BAY BLVD CITY-ST-ZIP: NAPLES FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: PD 1.2 NAME: Bill Ettinger 1.3 STREET ADDRESS: 4870 Whispering Pine Way 1.4 CITY-ST-ZIP: Napl. FL 33940	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VD NAME: GUTMAN, RACHEL STREET ADDRESS: 2353 PINWOOD CIRCLE CITY-ST-ZIP: NAPLES FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: VD 2.2 NAME: Carole Cooke 2.3 STREET ADDRESS: P.O. Box 413005 Suite #77 2.4 CITY-ST-ZIP: Naples, FL 33941	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VD NAME: LEVY, SHIRLEY STREET ADDRESS: 365 PIRATES BIG LAND CITY-ST-ZIP: NAPLES FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: T 3.2 NAME: Shirley Levy 3.3 STREET ADDRESS: 365 Pirates Right 3.4 CITY-ST-ZIP: Naples, FL 33940	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: CD NAME: ETTINGER, BILL STREET ADDRESS: 1098 WOODSHIRE LANE, H-105 CITY-ST-ZIP: NAPLES FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE: S 4.2 NAME: Wallie Lenahner 4.3 STREET ADDRESS: 112 Napa Ridge Way 4.4 CITY-ST-ZIP: Naples, FL 33999	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: SD NAME: BORR, SAM STREET ADDRESS: 1471 BUTTERFIELD COURT CITY-ST-ZIP: MARIO ISLAND FL	<input checked="" type="checkbox"/> DELETE	5.1 TITLE: D 5.2 NAME: Michael Feldman 5.3 STREET ADDRESS: 7545 Cordoba Circle 5.4 CITY-ST-ZIP: Naples, FL 33942	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: TD NAME: STARMAN, SHELDON STREET ADDRESS: 4099 TAMiami TRAIL NO CITY-ST-ZIP: NAPLES FL	<input checked="" type="checkbox"/> DELETE	6.1 TITLE: C 6.2 NAME: Suzie Muchnick Spencer 6.3 STREET ADDRESS: 461 Carica Rd 6.4 CITY-ST-ZIP: Naples, FL 33963	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Shirley H. Levy* 1/27/96 813) 263-4205
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E037 (12/95)