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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 761110 (6)
1. Corporation Name
JEWISH FEDERATION OF COLLIER COUNTY, INC.

Principal Place of Business	Mailing Address
1250 Tamiami Trail North Suites #202 & 203B Naples, FL 34102	1250 Tamiami Trail North Suites #202 & 203B Naples, FL 34102

3. Date incorporated or Qualified 12/03/1981	3a. Date of Last Report 03/05/1996
4. FEI Number 59-2151725	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 1250 Tamiami Trail N. Suite, Apt. #, etc. 22 Suites #202 & 203B City & State 23 Naples, FL Zip 24 34102	26 1250 Tamiami Trail N. Suite, Apt. #, etc. 27 Suites #202 & 203B City & State 28 Naples, FL Zip 29 34102
Country 25 USA	Country 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name Michael A. Feldman
82 Street Address (P.O. Box Number is Not Acceptable) GRANT, FRIDKIN & PEARSON, P.A.
83 5551 Ridgewood Drive, Suite 501
84 City Naples
85 Zip Code FL 34108

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: *Michael A. Feldman* Vice President 7/24/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	700002255607--3
STREET ADDRESS	-08/01/97--01117--005
CITY-ST-ZIP	****\$61.25 ****\$61.25
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Ann Jacobson	
1.3 STREET ADDRESS	170 Edgemere Way S.	
1.4 CITY-ST-ZIP	Naples, FL 34105	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Phyllis Seaman	
2.3 STREET ADDRESS	7861 Coco Bay Drive	
2.4 CITY-ST-ZIP	Naples, FL 34108	
3.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Sheldon Starman	
3.3 STREET ADDRESS	680 Gordonia Road	
3.4 CITY-ST-ZIP	Naples, FL 34108	
4.1 TITLE	ASD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Wallie Lenchner	
4.3 STREET ADDRESS	112 Napa Ridge Way	
4.4 CITY-ST-ZIP	Naples, FL 34119	
5.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Michael A. Feldman	
5.3 STREET ADDRESS	7545 Cordoba Circle	
5.4 CITY-ST-ZIP	Naples, FL 34109	
6.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Larry Meltz	
6.3 STREET ADDRESS	838 Wyndemere Way	
6.4 CITY-ST-ZIP	Naples, FL 34105	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Michael A. Feldman* Vice President 7/24/97 941-514-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 Michael A. Feldman

CR2E037 (9/96)