

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 05 1998 8:00am**  
**Secretary of State**

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # 761110 (6)**

1. Corporation Name  
**JEWISH FEDERATION OF COLLIER COUNTY, INC.**



|   |   |
|---|---|
| Principal Place of Business<br><b>1250 TAMAMI TRAIL N<br/>SUITE 202 &amp; 203-B<br/>NAPLES FL 34102</b> | Mailing Address<br><b>1250 TAMAMI TRAIL N<br/>SUITE 202 &amp; 203-B<br/>NAPLES FL 34102</b> |
|---|---|

3. Date incorporated or Qualified  
**12/03/1981**

4. FEI Number  
**59-2151725**

|             |                |
|-------------|----------------|
| Applied For | Not Applicable |
|-------------|----------------|

|   |  |            |            |            |            |
|---|--|------------|------------|------------|------------|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip | 24 Country | 25 Country | 29 Country | 30 Country |
|---|--|------------|------------|------------|------------|

5. Certificate of Status Desired  **\$6.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent

**FELDMAN, MICHAEL A  
 GRANT FRIDKIN & PEARSON, P.A.  
 5551 RIDGEWOOD DRIVE, SUITE 501  
 NAPLES FL 34108**

10. Name and Address of New Registered Agent

|   |             |
|---|-------------|
| 81 Name   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83  |             |
| 84 City   | <b>FL</b>   |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|---|---|--|
| TITLE                      | PD<br><b>JACOBSON, ANN</b><br>170 EDMERE WAY S.<br>NAPLES FL 34105        | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |   | 1.2 NAME  |  |
| STREET ADDRESS             |   | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |   | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | VD<br><b>SEAMAN, PHYLLIS</b><br>7661 COCO BAY DRIVE<br>NAPLES FL 34108    | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |   | 2.2 NAME  |  |
| STREET ADDRESS             |   | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |   | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | VDD<br><b>STARMAN, SHELDON</b><br>680 GORDONIA ROAD<br>NAPLES FL 34108    | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |   | 3.2 NAME  |  |
| STREET ADDRESS             |   | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |   | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | ASD<br><b>LENCHNER, WALLIE</b><br>112 NAPA RIDGE WAY<br>NAPLES FL 34119   | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |   | 4.2 NAME  |  |
| STREET ADDRESS             |   | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |   | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | VD<br><b>FELDMAN, MICHAEL A</b><br>7845 CORDOBA CIRCLE<br>NAPLES FL 34109 | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |   | 5.2 NAME  |  |
| STREET ADDRESS             |   | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |   | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | TD<br><b>MELTZ, LARRY</b><br>838 WYNDEMERE WAY<br>NAPLES FL 34105         | 6.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |   | 6.2 NAME  |  |
| STREET ADDRESS             |   | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |   | 6.4 CITY-ST-ZIP                                       |  |

TD  
**Alan Cooper**  
 28541 High Gate Dr. Bonita  
 34135

14. I 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: *[Signature]* 1/17/98 941763-4205

CR2E037 (10/97)