

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90139 027 ****61.25

0063287

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 761110

1. Corporation Name

JEWISH FEDERATION OF COLLIER COUNTY, INC.

Principal Place of Business

1250 TAMiami TRAIL N
 SUITE 202 & 203-B
 NAPLES FL 34102

Mailing Address

1250 TAMiami TRAIL N
 SUITE 202 & 203-B
 NAPLES FL 34102



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

30

3. Date Incorporated or Qualified

12/03/1981

4. FEI Number

59-2151725

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

FELDMAN, MICHAEL A
 3003 TAMiami TRAIL NORTH
 SUITE 360
 NAPLES FL 34103

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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

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 | PD | <input type="checkbox"/> DELETE |
| NAME | JACOBSON, ANN | |
| STREET ADDRESS | 170 EDMERE WAY S. | |
| CITY-ST-ZIP | NAPLES FL 34105 | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | SEAMAN, PHYLLIS | |
| STREET ADDRESS | 7861 COCO BAY DRIVE | |
| CITY-ST-ZIP | NAPLES FL 34108 | |
| TITLE | VDD | <input type="checkbox"/> DELETE |
| NAME | STARMAN, SHELDON | |
| STREET ADDRESS | 680 GORDONIA ROAD | |
| CITY-ST-ZIP | NAPLES FL 34108 | |
| TITLE | ASD | <input checked="" type="checkbox"/> DELETE |
| NAME | LENCHNER, WALLIE | |
| STREET ADDRESS | 112 NAPA RIDGE WAY | |
| CITY-ST-ZIP | NAPLES FL 34119 | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | FELDMAN, MICHAEL A | |
| STREET ADDRESS | 7545 CORDOBA CIRCLE | |
| CITY-ST-ZIP | NAPLES FL 34109 | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | COOPER, ALAN | |
| STREET ADDRESS | 28541 HIGH GATE DR | |
| CITY-ST-ZIP | BONITA FL 34135 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | ASD Barbara Flasel |
| 4.3 STREET ADDRESS | 7515 Pelican Bay Blvd # 11C |
| 4.4 CITY-ST-ZIP | Naples, FL 34108 |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

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, with all other like empowered.

SIGNATURE:

Barbara Flasel
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/99 941) 263-4205
 Date Daytime Phone #

CR2E037 (11/98)