


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90179 019 ****61.25

DOCUMENT # 761110
 1. Entity 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

DO NOT WRITE IN THIS SPACE



01062004 No Chg-NP CR2E037 (10/03)

4. FEI Number: 59-2151725 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 FELDMAN, MICHAEL A
 8889 PELICAN BAY BLVD
 500
 NAPLES, FL 34108

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Filing Fee is \$61.25 Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KATZ, BOBBIE
STREET ADDRESS	5804 CINZANO CT
CITY - ST - ZIP	NAPLES, FL 34119
TITLE	VD
NAME	COHEN, EDWARD J Gilbert Block
STREET ADDRESS	12435 COLLIER RESERVE DR 836 Regency
CITY - ST - ZIP	NAPLES, FL 34119 34119 Reserve DR. # 504
TITLE	SD
NAME	OLENN, BEA Sharon Miller
STREET ADDRESS	9981 GULF SHORE BLVD #1503 6000 Pelican Bay
CITY - ST - ZIP	NAPLES, FL 34109 34108 BLVD. # 103
TITLE	ASD
NAME	SEAMAN, PHYLLIS
STREET ADDRESS	7861 COCO BAY DRIVE
CITY - ST - ZIP	NAPLES, FL 34108
TITLE	VD
NAME	FELDMAN, MICHAEL Henry Greenberg
STREET ADDRESS	8889 PELICAN BAY BLVD #500 4201 GULF SHORE
CITY - ST - ZIP	NAPLES, FL 34109 34103 BLVD. N. # 503
TITLE	TD
NAME	LENCHNER, WALLIE Kenneth Shevin
STREET ADDRESS	2261 CAMPESTRE TERR 2016 Mission Drive
CITY - ST - ZIP	NAPLES, FL 34109 34109

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bobbie Katz BOBBIE KATZ President 4/21/04
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #