


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 30, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 761110**  
 1. Entity Name  
**JEWSH FEDERATION OF COLLIER COUNTY, INC.**



Principal Place of Business      Mailing Address  
**1250 TAMiami TRAIL N**      **1250 TAMiami TRAIL N**  
**SUITE 202 & 203-B**      **SUITE 202 & 203-B**  
**NAPLES, FL 34102**      **NAPLES, FL 34102**

**DO NOT WRITE IN THIS SPACE**



03222005 No Chg-NP      CR2E037 (10/03)

4. FEI Number      Applied For  
**59-2151725**      Not Applicable

5. Certificate of Status Desired            **\$8.75** Additional Fee Required

5. 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, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KATZ, BOBBIE 5804 CINZANO CT NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BLOCK, GILBERT 836 REGENCY RESERVE DR.,#504 NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MILLER, SHARON 8000 PELICAN BAY BLVD., #103 NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD SEAMAN, PHYLLIS 7881 COCO BAY DRIVE NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GREENBERG, HENRY 4301 GULF SHORE BLVD. N, #503 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHEVIN, KEVIN 2016 MISSION DR. NAPLES, FL 34109

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 03/30/05-80035-010 61.25

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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)(i), 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      3/24/05      263-4205  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #