

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761110

FILED
Apr 20, 2007
Secretary of State

Entity Name: JEWISH FEDERATION OF COLLIER COUNTY, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2151725 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KENNETH I. SHEVIN
2016 MISSION DRIVE
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BOGO, ROSALEE
Address: 60 SEAGATE DRIVE #504
City-St-Zip: NAPLES, FL 34103

Title: VD () Delete
Name: BLOCK, GILBERT
Address: 836 REGENCY RESERVE DR.,#504
City-St-Zip: NAPLES, FL 34119

Title: SD () Delete
Name: MILLER, SHARON
Address: 6000 PELICAN BAY BLVD., #103
City-St-Zip: NAPLES, FL 34108

Title: ASD () Delete
Name: SEAMAN, PHYLLIS
Address: 7861 COCO BAY DRIVE
City-St-Zip: NAPLES, FL 34108

Title: VD () Delete
Name: LIPP, EVELYN
Address: 3270 SEDGE PLACE
City-St-Zip: NAPLES, FL 34105

Title: TD () Delete
Name: SHEVIN, KENNETH
Address: 2016 MISSION DR.
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID WILLENS, AS EXECUTIVE DIRECTOR

ED

04/20/2007

Electronic Signature of Signing Officer or Director

_____ Date