2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006
Secretary of State

DOCUMENT# N04000000731

Entity Name: JEWISH COMMUNITY CENTER OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

8889 PELICAN BAY BOULEVARD
SUITE 500
NAPLES, FL 34108

New Principal Place of Business:

Current Mailing Address:

8889 PELICAN BAY BOULEVARD
SUITE 500
NAPLES, FL 34108

New Mailing Address:

FEI Number: 56-2453614 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FELDMAN, MICHAEL A
8889 PELICAN BAY BOULEVARD
SUITE 500
NAPLES, FL 34108 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:	SHERMAN, BRUCE S	
Address:	8889 PELICAN BAY BLVD. #500	
City-St-Zip:	NAPLES, FL 34108	
Title:	VD	( ) Delete
Name:	BAKER, JAY	
Address:	4601 GULF SHORE BLVD. NORTH	
City-St-Zip:	NAPLES, FL 34103	
Title:	VD	( ) Delete
Name:	SCHWARTZ, STEPHEN	
Address:	328 COLONY DRIVE	
City-St-Zip:	NAPLES, FL 34108	
Title:	STD	( ) Delete
Name:	FELDMAN, MICHAEL A	
Address:	741 HICKORY ROAD	
City-St-Zip:	NAPLES, FL 34108	

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
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: BRUCE S. SHERMAN PD 04/24/2006

Electronic Signature of Signing Officer or Director — Date