

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000007133

**Entity Name:** CHAVURAT SHALOM OF SOUTHWEST FLORIDA, INC.

**Current Principal Place of Business:**

20031 SANIBEL VIEW CIRCLE  
UNIT 202  
FORT MYERS, FL 33908

**Current Mailing Address:**

P.O. BOX 722  
SANIBEL, FL 33957 US

**FEI Number: 85-1773314**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MINSKY, BRANDON  
12538 BARRINGTON COURT  
FORT MYERS, FL 33908 US

*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

**Officer/Director Detail :**

Title            PRES  
Name            FULMER, CHERYL  
Address        PO BOX 722  
City-State-Zip: SANIBEL FL 33957

Title            SEC  
Name            SKOLNICK, IRENE  
Address        PO BOX 722  
City-State-Zip: SANIBEL FL 33957

Title            TREA  
Name            ROTH, BARRY  
Address        PO BOX 722  
City-State-Zip: SANIBEL FL 33957

Title            V #2  
Name            ZOSS, KATHY  
Address        PO BOX 722  
City-State-Zip: SANIBEL FL 33957

Title            V #1  
Name            FEINGOLD, ELLEN  
Address        PO BOX 722  
City-State-Zip: SANIBEL FL 33957

*I hereby 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 all other like empowered.*

**SIGNATURE: CHERYL FULMER**

**PRESIDENT**

**01/31/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date