

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000006024

**Entity Name:** NAPLES JEWISH CONGREGATION, INC.

**Current Principal Place of Business:**

6340 NAPA WOODS WAY  
NAPLES, FL 34116

**FILED**  
**Jan 26, 2021**  
**Secretary of State**  
**4505125701CC**

**Current Mailing Address:**

P. O. 111994  
NAPLES, FL 34108 US

**FEI Number: 59-3545039**

**Certificate of Status Desired: Yes**

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

MCCLOSKEY, STEPHEN  
P. O. 111994  
NAPLES, FL 34108 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: STEPHEN MCCLOSKEY**

**01/26/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRES  
Name MCCLOSKEY, STEPHEN  
Address P.O. BOX 111994  
City-State-Zip: NAPLES FL 34108

Title CORRESPONDING SECRETARY  
Name GOLDSTEIN, RICHARD  
Address P. O. 111994  
City-State-Zip: NAPLES FL 34108

Title RECORDING SECRETARY  
Name OBLER, ROBERTA  
Address P. O. 111994  
City-State-Zip: NAPLES FL 34108

Title DIRECTOR  
Name POMERANTZ, IRENE  
Address P. O. 111994  
City-State-Zip: NAPLES FL 34108

Title DIRECTOR  
Name APPEL, DANIEL  
Address P. O. 111994  
City-State-Zip: NAPLES FL 34108

Title TREASURER  
Name RAPOPORT, ELAINE  
Address P. O. 111994  
City-State-Zip: NAPLES FL 34108

Title VP  
Name GOLDENBERG, BARRY  
Address P. O. 111994  
City-State-Zip: NAPLES FL 34108

Title DIRECTOR  
Name GOLDENBERG, MARILYN  
Address P. O. 111994  
City-State-Zip: NAPLES FL 34108

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*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: RICHARD LECHTNER**

**ASST. TREASURER**

**01/26/2021**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name KOENIG, DAVID  
Address P. O. 111994  
City-State-Zip: NAPLES FL 34108

Title DIRECTOR  
Name ROSENFELD, HARVEY  
Address P.O. BOX 111994.  
City-State-Zip: NAPLES FL 34108

Title ASST. TREASURER  
Name LECHTNER, RICHARD  
Address P.O. BOX 111994.  
City-State-Zip: NAPLES FL 34108

Title DIRECTOR  
Name DEMOVSKY, SANDY  
Address P. O. 111994  
City-State-Zip: NAPLES FL 34108