


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90328 004 ****70.00

DOCUMENT # 703373	
1. Entity Name	
THE PORT CHARLOTTE JEWISH COMMUNITY GROUP, INCORPORATED	

Principal Place of Business	Mailing Address
23190 UTICA AVE P.O. BOX 494675 PORT CHARLOTTE FL 33949-4675	P.O. BOX 494675 PORT CHARLOTTE FL 33949-4675

2. Principal Place of Business	3. Mailing Address
23190 UTICA AVE	PO Box 494675
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
PORT Charlotte FL	PORT Charlotte FL
Zip	Zip
33949	33949-4675
Country	Country
Charlotte	Charlotte

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEVIN, ALLEN J. 3440 CONWAY BLVD., SUITE 1 A #6 PORT CHARLOTTE FL 33952	Name Street Address (P.O. Box Number is Not Acceptable) City
	FL Zip Code

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** _____

FILE NOW: FEE IS \$61.25 Due By: May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to: Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COFFINA, ANTHONY	NAME	
STREET ADDRESS	2325 VIA ESPANADE	STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL 33950	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMIDT, KATHLEEN	NAME	
STREET ADDRESS	2056 DELTA ST	STREET ADDRESS	
CITY-ST-ZIP	PT. CHARLOTTE FL 33952	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FALK, JUDY	NAME	
STREET ADDRESS	20036 GOLDCUP COURT	STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL	CITY-ST-ZIP	
TITLE	FSD <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALPERN, ADA	NAME	ALPERN, ADA
STREET ADDRESS	4486 NORTHSORE DR	STREET ADDRESS	4486 North Shore Dr
CITY-ST-ZIP	CHARLOTTE HARBOR FL 33980	CITY-ST-ZIP	Charlotte Harbor FL 33980
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MUTTER, MARILYN DR	NAME	Lowenthal, Stanley
STREET ADDRESS	26090 TEMPLAR LN	STREET ADDRESS	3126 Yukon Dr
CITY-ST-ZIP	PUNTA GORDA FL 33983	CITY-ST-ZIP	PORT Charlotte FL 33948
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Kathleen Schmidt **KATHLEEN SCHMIDT** 4/11/05 (941) 7434663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #