2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006
Secretary of State

DOCUMENT# 703373

Entity Name: THE PORT CHARLOTTE JEWISH COMMUNITY GROUP, INCORPORATED

Current Principal Place of Business:

23190 UTICA AVE
PORT CHARLOTTE, FL 339494675

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 494675
PORT CHARLOTTE, FL 339494675

New Mailing Address:

FEI Number: 51-0198480 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LEVIN, ALLEN J.
3440 CONWAY BLVD., SUITE 1 A
#6
PORT CHARLOTTE, FL 33952 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:	P	( ) Delete
Name:	COFFINA, ANTHONY	
Address:	2325 VIA ESPANADE	
City-St-Zip:	PUNTA GORDA, FL 33950	
Title:	T	( ) Delete
Name:	SCHMIDT, KATHLEEN	
Address:	2056 DELTA ST	
City-St-Zip:	PT. CHARLOTTE, FL 33952	
Title:	SD	( ) Delete
Name:	FALK, JUDY	
Address:	20036 GOLDCUP COURT	
City-St-Zip:	PORT CHARLOTTE, FL	
Title:	FSD	( ) Delete
Name:	ALPERN, ADA	
Address:	4486 NORTHSHORE DR	
City-St-Zip:	CHARLOTTE HARBOR, FL 33980	
Title:	V	( ) Delete
Name:	LOWENTHAL, STANLEY	
Address:	3126 YUKON DR	
City-St-Zip:	PORT CHARLOTTE, FL 33948	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	T	(X) Change ( ) Addition
Name:	SOURS, NINA H	
Address:	18987 AYRSHIRE CIRCLE	
City-St-Zip:	PT. CHARLOTTE, FL 33948	
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: NINA H. SOURS T 05/02/2006
Electronic Signature of Signing Officer or Director — Date