2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2009
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 ( )**

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:	TODD, KATZ	
Address:	1000 HARBOR GREEN RD	
City-St-Zip:	PUNTA GORDA, FL 33983	
Title:	T	( ) Delete
Name:	DWORET, WILLIAM DR	
Address:	3817 BERMUDA COURT	
City-St-Zip:	PUNTA GORDA, FL 33950	
Title:	VP	( ) Delete
Name:	GOLOMB, LEE	
Address:	3115 GUADALUPE DRIVE	
City-St-Zip:	PUNTA GORDA, FL 33950	
Title:	VP	( ) Delete
Name:	ALPERN, ADA	
Address:	4486 NORTHSHORE DR	
City-St-Zip:	CHARLOTTE HARBOR, FL 33980	

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 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: WILLIAM E. DWORET TREA 04/09/2009

Electronic Signature of Signing Officer or Director — Date