

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **727371 (7)**  
1. Corporation Name  
**JEWISH COMMUNITY CENTER OF LEE COUNTY, INC**



Principal Place of Business: **702 SE 24 AVENUE CAPE CORAL FL 33990**  
Mailing Address: **702 SE 24 AVENUE CAPE CORAL FL 33990**

3. Date Incorporated or Qualified: **09/05/1973**  
3a. Date of Last Report: **04/14/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number <b>23-7368563</b>	Applied For			
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>			
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>			
24	Zip	25	Country	29	Zip	30	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>FOX, MORRIS B</b> <b>4020 DEL PRADO BLVD</b> <b>CAPE CORAL FL 33904</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TOBIAS, MARY C</b>	1.2 NAME	<b>Gugentag, Isabel</b>
STREET ADDRESS	<b>3743 SE 3RD PL</b>	1.3 STREET ADDRESS	<b>10016 Merion Court</b>
CITY-ST-ZIP	<b>CAPE CORAL FL</b>	1.4 CITY-ST-ZIP	<b>N.Ft. Myers, Fl. 33908</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>VP</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STONE, MALCOM</b>	2.2 NAME	<b>Lieberman, Seymour</b>
STREET ADDRESS	<b>5016 CURLEW DR</b>	2.3 STREET ADDRESS	<b>2208 S.E. 27th St.</b>
CITY-ST-ZIP	<b>ST. JAMES CITY FL</b>	2.4 CITY-ST-ZIP	<b>Cape Coral, Fl. 33904</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>T</b> <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	<b>LIEBERMAN, LILLIAN</b>	3.2 NAME	
STREET ADDRESS	<b>2208 SE 27TH ST</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CAPE CORAL FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>TR</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>TR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHWAM, JULES</b>	4.2 NAME	<b>FOX, ROBERT</b>
STREET ADDRESS	<b>1328 SE 23RD PL</b>	4.3 STREET ADDRESS	<b>2247 S.E. 26th St.</b>
CITY-ST-ZIP	<b>CAPE CORAL FL</b>	4.4 CITY-ST-ZIP	<b>Cape Coral, Fl. 33904</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>TR</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>TR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SEALFON, IRWIN</b>	5.2 NAME	<b>Gordon, Gerald</b>
STREET ADDRESS	<b>702 CORAL DRIVE</b>	5.3 STREET ADDRESS	<b>2130 S.E. 9th Terr.</b>
CITY-ST-ZIP	<b>CAPE CORAL FL</b>	5.4 CITY-ST-ZIP	<b>Cape Coral, Fl. 33990</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>TR</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<b>TR</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEAN, MANUEL</b>	6.2 NAME	<b>Leventhal, Dr. Morton</b>
STREET ADDRESS	<b>1519 CAPE CORAL PKWY W</b>	6.3 STREET ADDRESS	<b>9802 Owl Clover St. Ft. Meyers, 33919</b>
CITY-ST-ZIP	<b>CAPE CORAL FL</b>	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 1907(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Seymour Lieberman* Date: **4-8-96** Daytime Phone #: **941-772-4555**

CR2E037 (12/95)