

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 1. Corporation Name
727371
JEWISH COMMUNITY CENTER OF LEE COUNTY, INC.

Principal Place of Business Mailing Address
702 S.E. 24th Avenue Cape Coral, Fl. 33990 SAME

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 29 Zip 30 Country

3. Date incorporated or Qualified 9/05/1973 3a. Date of Last Report April 1996
4. FEI Number 23-7368563 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
FOX, MORRIS B.
4020 DEL PRADO BLVD.
CAPE CORAL, FL. 33904

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	GUTENTAG, ISABEL	
STREET ADDRESS	10016 Merion Court	
CITY-ST-ZIP	N. Ft. Myers, Fl. 33903	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MORRIS SPECTOR	
STREET ADDRESS	4280 S.E. 20th Place	
CITY-ST-ZIP	Cape Coral, Fl. 33904	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LIEBERMAN, LILLIAN	
STREET ADDRESS	2208 S.E. 27th Street	
CITY-ST-ZIP	Cape Coral, Fl. 33904	
TITLE	TR	<input type="checkbox"/> DELETE
NAME	GORDON, GERALD	
STREET ADDRESS	2130 S.E. 9th Terr.	
CITY-ST-ZIP	Cape Coral, Fl. 33990	
TITLE	TR	<input type="checkbox"/> DELETE
NAME	LEVENTHAL, DR. MORTON	
STREET ADDRESS	9802 Owl Clover Street	
CITY-ST-ZIP	Ft. Myers, Fl. 33919	
TITLE	TR	<input type="checkbox"/> DELETE
NAME	OZER, MIRIAM	
STREET ADDRESS	1348 Bunker Way	
CITY-ST-ZIP	Ft. Myers, Fl. 33919	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	200002134192
6.3 STREET ADDRESS	-04/04/97--01039--042
6.4 CITY-ST-ZIP	***61.25

14. I do 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 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: Lillian Lieberman *Lillian Lieberman* 3/26/97 941-574 4812
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)