

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED), MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.

NONPROFIT CORPORATION  
 ANNUAL REPORT  
 1998



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

FILED  
 Oct 08 1998 8:00am  
 Secretary of State

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



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

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business					2a. Mailing Address				
Suite, Apt. #, etc.					Suite, Apt. #, etc.				
City & State					City & State				
Zip		Country			Zip		Country		

3. Date Incorporated or Qualified  
**09/05/1973**

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

7. Is this nonprofit corporation a homeowners association?  Yes  No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FOX, MORRIS B**  
 4020 DEL PRADO BLVD  
 CAPE CORAL FL 33904

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 checked="" type="checkbox"/> DELETE
NAME	ISABEL GUGENTAG	
STREET ADDRESS	10016 MERION COURT	
CITY-STATE-ZIP	N. FT. MYERS FL 33903	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	SPECTOR, MORRIS	
STREET ADDRESS	4280 S.E. 20TH PLACE	
CITY-STATE-ZIP	CAPE CORAL FL 33904	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	LIEBERMAN, LILLIAN	
STREET ADDRESS	2208 SE 27TH ST	
CITY-STATE-ZIP	CAPE CORAL FL 33904	
TITLE	TR	<input checked="" type="checkbox"/> DELETE
NAME	GORDON, GERALD	
STREET ADDRESS	2130 S.E. 9TH TERRACE	
CITY-STATE-ZIP	CAPE CORAL FL 33990	
TITLE	TR	<input checked="" type="checkbox"/> DELETE
NAME	LEVENTHAL, MORTON DR.	
STREET ADDRESS	9802 OWL CLOVER STREET	
CITY-STATE-ZIP	FT MYERS FL 33919	
TITLE	TR	<input checked="" type="checkbox"/> DELETE
NAME	OZER, MIRIAM	
STREET ADDRESS	1348 BUNKER WAY	
CITY-STATE-ZIP	FT. MYERS FL 33919	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Herbert Simon	
1.3 STREET ADDRESS	1832 SE 8th St.	
1.4 CITY-STATE-ZIP	Cape Coral, FL 33990	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Douglas Laskowitz	
2.3 STREET ADDRESS	3710 SE 10th Ct	
2.4 CITY-STATE-ZIP	Cape Coral, FL 33990	
3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Phyllis J. Gitlitz	
3.3 STREET ADDRESS	8035 W. Jamesstown Cir.	
3.4 CITY-STATE-ZIP	N. Ft. Myers, FL 33917	
4.1 TITLE	TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Lillian Lieberman	
4.3 STREET ADDRESS	2908 SE 27th St.	
4.4 CITY-STATE-ZIP	Cape Coral, FL 33904	
5.1 TITLE	TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Owen Post	
5.3 STREET ADDRESS	2565 2nd St.	
5.4 CITY-STATE-ZIP	Matlacha, FL 33993	
6.1 TITLE	TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Mildred Daleo	
6.3 STREET ADDRESS	5137 York Ct.	
6.4 CITY-STATE-ZIP	Cape Coral, FL 33904	

14. 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 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 *Phyllis J. Gitlitz* Phyllis J. Gitlitz 9-21-98 941-543-6170  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)