

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 16, 2004 08:00 AM
Secretary of State

DOCUMENT # 727371

1. Entity 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



03092004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-7368563 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FOX, MORRIS B
4020 DEL PRADO BLVD
SUITE A-1
CAPE CORAL, FL 33904

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000089934
03/16/04-80008-025 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TANENBAUM, ARTHUR DR 2219 SAGRMORE PL CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NUDEL, MARC 402 S.E. 30TH TERRACE CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PADOLL, BILL 1207 SE 6TH TERR CAPE CORAL, FL 33990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BELKIN, SAMUEL 17854 ACACIA DR NORTH FORT MYERS, FL 33917
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRAY, ALAN 642 NALLE GRADE RD NORTH FORT MYERS, FL 33917
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR STONE, HILARY 20150 HASKINS ROAD NORTH FORT MYERS, FL 33917

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Alan Gray* Alan Gray Treas. *Hilary Stone*