

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2006 8:00 am
Secretary of State

08-17-2006 90001 007 ****61.25

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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FOX, MORRIS B 4020 DEL PRADO BLVD SUITE A-1 CAPE CORAL, FL 33904		Name <u>MARK A. HOROWITZ, Esq.</u> Street Address (P.O. Box Number is Not Acceptable) <u>1633 SE 47 Terrace</u> City <u>Cape Coral</u> FL Zip Code <u>33904</u>	
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 <u>Mark A. Horowitz</u>		DATE <u>7-11-06</u>	
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TANENBAUM, ARTHUR DR 2219 SAGRMORE PL CAPE CORAL, FL 33914 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Harvey Jaffe <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 702 SE 24 AVE, CC, FL 33990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COHEN, BARON A <input checked="" type="checkbox"/> Delete 14891 HOLE IN ONE CIR #108 CAPE CORAL, FL 33991	TITLE NAME STREET ADDRESS CITY-ST-ZIP	First Vice President Stephen Hershfield <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 702 SE 24 AVE, CC, FL 33990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NUDEL, MARC <input checked="" type="checkbox"/> Delete 402 SE 30TH TERR CAPE CORAL, FL 33904	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Michael Levy <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Second Vice President 702 SE 24 AVE, CC, FL 33990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FRANKEL, NANETTE <input checked="" type="checkbox"/> Delete 1428 SW 10 PLACE CAPE CORAL, FL 33991	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Nancy Cuneo <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 702 SE 24 AVE, CC, FL 33990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES BARLOW, BARBARA R <input checked="" type="checkbox"/> Delete 17906 COURTSIDE LANDINGS CIR PUNTA GORDA, FL 33955	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Alan Weissman <input type="checkbox"/> Change <input type="checkbox"/> Addition 702 SE 24 AVE, CC, FL 33990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHWARTZ, ARNOLD <input checked="" type="checkbox"/> Delete 1941 CIRINA DEL SIRE NORTH FORT MYERS, FL 33917	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Harvey Jaffe, President</u>		Date <u>7/11/06</u> 239 560 0649	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

50025344



07112006 Chg-NP CR2E037 (4/06)

4. FEI Number 23-7368563 Applied For Not Applicable

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

Handwritten signature of Mark A. Horowitz

Handwritten date 7-11-06

**Filing Fee is \$61.25
Due by September 6, 2006**

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

Make check payable to Florida Department of State

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	First Vice President Stephen Hershfield <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 702 SE 24 AVE, CC, FL 33990
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Alan Weissman <input type="checkbox"/> Change <input type="checkbox"/> Addition 702 SE 24 AVE, CC, FL 33990
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SIGNATURE: Harvey Jaffe, President Date 7/11/06 239 560 0649

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #