


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 08:00 A
Secretary of State

DOCUMENT # 727371

1. Entity 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

DO NOT WRITE IN THIS SPACE



02082007 No Chg-NP CR2E037 (4/06)

4. FEI Number Applied For
23-7368563 Not Applicable

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

6. Name and Address of Current Registered Agent

HOROWITZ, MARK A ESQ
1633 SE 47TH TERRACE
CAPE CORAL, FL 33904

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

Filing Fee is \$61.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HARVEY, JAFFE
STREET ADDRESS	702 SE 24TH AVE
CITY-ST-ZIP	CAPE CORAL, FL 33990
TITLE	1VP
NAME	HERSHFIELD, STEPHEN
STREET ADDRESS	702 SE 24TH AVE
CITY-ST-ZIP	CAPE CORAL, FL 33990
TITLE	2VP
NAME	LEVY, MICHAEL
STREET ADDRESS	702 SE 24TH AVE
CITY-ST-ZIP	CAPE CORAL, FL 33990
TITLE	T
NAME	CUNEO, NANCY
STREET ADDRESS	702 SE 24TH AVE
CITY-ST-ZIP	CAPE CORAL, FL 33990
TITLE	S
NAME	WEISSMAN, ALAN
STREET ADDRESS	702 SE 24TH AVE
CITY-ST-ZIP	CAPE CORAL, FL 33990
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/20/07-80132-006 61.25

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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 to an address, with all other like empowered.

SIGNATURE: *Harvey Jaffe, President* 2/8/07 239-772-4555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #