

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727371

FILED
May 12, 2009
Secretary of State

Entity Name: JEWISH COMMUNITY CENTER OF LEE COUNTY, INC

Current Principal Place of Business:

702 SE 24 AVENUE
CAPE CORAL, FL 33990

New Principal Place of Business:

Current Mailing Address:

702 SE 24 AVENUE
CAPE CORAL, FL 33990

New Mailing Address:

FEI Number: 23-7368563 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HARTSFIELD, STEPHEN
Address: 702 SE 24TH AVE
City-St-Zip: CAPE CORAL, FL 33990

Title: 1VP () Delete
Name: BARLOW, JOEL
Address: 702 SE 24TH AVE
City-St-Zip: CAPE CORAL, FL 33990

Title: 2VP () Delete
Name: LEVY, MICHAEL
Address: 702 SE 24TH AVE
City-St-Zip: CAPE CORAL, FL 33990

Title: T (X) Delete
Name: CUNEO, NANCY
Address: 702 SE 24TH AVE
City-St-Zip: CAPE CORAL, FL 33990

Title: S (X) Delete
Name: WEISSMAN, ALAN
Address: 702 SE 24TH AVE
City-St-Zip: CAPE CORAL, FL 33990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HERSHFIELD, STEPHEN
Address: 702 SE 24TH AVE
City-St-Zip: CAPE CORAL, FL 33990

Title: 1VP (X) Change () Addition
Name: NUDEL, MERLE
Address: 702 SE 24TH AVE
City-St-Zip: CAPE CORAL, FL 33990

Title: T (X) Change () Addition
Name: GLICK, MARK
Address: 702 SE 24TH AVE
City-St-Zip: CAPE CORAL, FL 33990

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK A HOROWITZ

RA

05/12/2009

Electronic Signature of Signing Officer or Director

_____ Date