

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **767873** (3)

1. Corporation Name
JEWISH CENTER OF MARCO ISLAND, INC.



Principal Place of Business: 991 WINTERBERRY DRIVE MARCO ISLAND FL 33937
Mailing Address: 991 WINTERBERRY DRIVE MARCO ISLAND FL 33937

3. Date Incorporated or Qualified: 04/08/1983
3a. Date of Last Report: 05/01/1995

21. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-2281355	Applied For: Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired: <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	29. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
EUGENE GREENER JR. 975 N. COLLIER BLVD MARIO ISLAND FL 33937		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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	RASKIN, MELVIN N 840 SOUTH COLLIER BLVD. #806 MARCO ISLAND FL 33937	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD	WARREN, SANDRA 651 PARTRIDGE CT MARCO ISLAND FL	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: FVPD	SELTZER, MARTIN 320 SEAVIEW COURT #1208 MARCO ISLAND FL 33937	2.2 NAME	
TITLE: RSD	SLAVICH, MIRIAM 1221 MULBERRY COURT MARCO ISLAND FL 33937	2.3 STREET ADDRESS	
TITLE: SVPD	SILVER, DAVID 850 SOUTH COLLIER BLVD. #603 MARCO ISLAND FL 33937	2.4 CITY - ST - ZIP	
TITLE:		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		3.2 NAME	
TITLE:		3.3 STREET ADDRESS	
TITLE:		3.4 CITY - ST - ZIP	
TITLE:		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		4.2 NAME	
TITLE:		4.3 STREET ADDRESS	
TITLE:		4.4 CITY - ST - ZIP	
TITLE:		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		5.2 NAME	
TITLE:		5.3 STREET ADDRESS	
TITLE:		5.4 CITY - ST - ZIP	
TITLE:		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		6.2 NAME	
TITLE:		6.3 STREET ADDRESS	
TITLE:		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ DATE: 3-11-96
Signature and typed or printed name of signing officer or director Daytime Phone #

CR2E037 (12/95)

642 0800