

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 07 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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 Mailing Address  
991 WINTERBERRY DRIVE MARCO ISLAND FL 33937  
991 WINTERBERRY DRIVE MARCO ISLAND FL 34145-5426

3. Date Incorporated or Qualified 04/08/1983  
3a. Date of Last Report 03/15/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2281355	Applied For Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Country	29. Country		

9. Name and Address of Current Registered Agent EUGENE GREENER JR. 975 N. COLLIER BLVD MARIO ISLAND FL 33937	10. Name and Address of New Registered Agent
	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83.
	84. City
	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOMOMON, ABE 280 S CARRIER BLVD MARCO ISLAND FL	<input checked="" type="checkbox"/> DELETE	1.2 NAME SANDRA KAPLAN 1000 BAYER WAY MARCO ISLAND FL 34145
STREET ADDRESS	FVPD SELTZER, MARTIN 320 SEAVIEW COURT #1208 MARCO ISLAND FL 33937	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS
CITY-ST-ZIP	RSD SLAVICH, MIRIAM 1221 MULBERRY COURT MARCO ISLAND FL 33937	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP
		<input type="checkbox"/> DELETE	2.1 TITLE TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	2.2 NAME SOLOMON, ABE 236 HAPA RIDGE RDE HAPES FL 34119
		<input type="checkbox"/> DELETE	2.3 STREET ADDRESS
		<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP
		<input type="checkbox"/> DELETE	3.1 TITLE
		<input type="checkbox"/> DELETE	3.2 NAME
		<input type="checkbox"/> DELETE	3.3 STREET ADDRESS
		<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP
		<input type="checkbox"/> DELETE	4.1 TITLE
		<input type="checkbox"/> DELETE	4.2 NAME
		<input type="checkbox"/> DELETE	4.3 STREET ADDRESS
		<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP
		<input type="checkbox"/> DELETE	5.1 TITLE
		<input type="checkbox"/> DELETE	5.2 NAME
		<input type="checkbox"/> DELETE	5.3 STREET ADDRESS
		<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP
		<input type="checkbox"/> DELETE	6.1 TITLE
		<input type="checkbox"/> DELETE	6.2 NAME
		<input type="checkbox"/> DELETE	6.3 STREET ADDRESS
		<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Abe Solomon REQUIRED ABE SOLOMON TRBAS 1-24-97 642 0800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0080614

CR2E037 (9/96)