

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 06 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 767873 (3)
 1. Corporation Name
JEWISH CONGREGATION OF MARCO ISLAND, INC.



Principal Place of Business 991 WINTERBERRY DRIVE MARCO ISLAND FL 33937	Mailing Address 991 WINTERBERRY DRIVE MARCO ISLAND FL 33937
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3. Date Incorporated or Qualified
04/08/1983

4. FEI Number
59-2281355

Applied For	Not Applicable
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2. Principal Place of Business 21	2a. Mailing Address 26
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
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6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

City & State 23	City & State 28
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7. Is this nonprofit corporation a homeowners association?
 Yes No

Zip 24 34145	Country 25	Zip 29 34145	Country 30
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8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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 **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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	President
NAME	RASKIN, MELVIN N	1.2 NAME	Marco, Edward
STREET ADDRESS	840 SOUTH COLLIER BLVD. #806	1.3 STREET ADDRESS	4000 Royal Marco Way, Apt. 627
CITY-ST-ZIP	MARCO ISLAND FL 33937	1.4 CITY-ST-ZIP	Marco Island, FL 34145
TITLE	T	2.1 TITLE	Treasurer
NAME	SONOMON, ABE	2.2 NAME	Solomon, Abe
STREET ADDRESS	280 S CARRIER BLVD	2.3 STREET ADDRESS	236 Napá Ridge Rd
CITY-ST-ZIP	MARCO ISLAND FL	2.4 CITY-ST-ZIP	Naples, FL 34119
TITLE	FVP	3.1 TITLE	Vice President
NAME	SELTZER, MARTIN	3.2 NAME	Segall, Ralph
STREET ADDRESS	320 SEAVIEW COURT #1208	3.3 STREET ADDRESS	3374 Carrito Ct.
CITY-ST-ZIP	MARCO ISLAND FL 33937	3.4 CITY-ST-ZIP	Naples, FL 34109
TITLE	RSD	4.1 TITLE	
NAME	SLAVICH, MIRIAM	4.2 NAME	
STREET ADDRESS	1221 MULBERRY COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND FL 33937	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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NAME		6.2 NAME	
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CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: *[Signature]* **1-28-98** **941 642 0800**

CR2E037 (10/97)