

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 APR 29 1999 12:48 PM ***61.25

DOCUMENT # 767873

1. Corporation Name

JEWISH CONGREGATION OF MARCO ISLAND, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

901 WINTERBERRY DRIVE
MARCO ISLAND FL 34145
US

Mailing Address

901 WINTERBERRY DRIVE
MARCO ISLAND FL 34145
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/08/1983	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		4. FEI Number	
				58-2281355	
23. City & State		28. City & State		5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
24. Zip		29. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
34145				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
EUGENE GREENER JR. 975 N. COLLIER BLVD MARCO ISLAND FL 33937				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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 re-appointing) DATE _____

13. OFFICERS AND DIRECTORS				14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARCO, EDWARD			1.2 NAME			
STREET ADDRESS	4000 ROYAL MARCO WAY APT 627	D		1.3 STREET ADDRESS			
CITY-ST-ZIP	MARCO ISLAND FL 34145			1.4 CITY-ST-ZIP			
TITLE	T	<input checked="" type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SONOMON, ABE			2.2 NAME			
STREET ADDRESS	280 S CARRIER BLVD			2.3 STREET ADDRESS			
CITY-ST-ZIP	MARCO ISLAND FL			2.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SEGALL, RALPH			3.2 NAME			
STREET ADDRESS	3374 CERRITO CT	D		3.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL 34109			3.4 CITY-ST-ZIP			
TITLE	RSD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SLAVICH, MIRIAM			4.2 NAME			
STREET ADDRESS	1221 MULBERRY COURT	D		4.3 STREET ADDRESS			
CITY-ST-ZIP	MARCO ISLAND FL 33937			4.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SOLOMON, ABE			5.2 NAME			
STREET ADDRESS	236 NAPA RIDGE RD			5.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL 34119			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
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, with all other like empowered.

SIGNATURE: _____ DATE: 1-27-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

767873
4/2/99

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