


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # 767873
 1. Entity Name
JEWISH CONGREGATION OF MARCO ISLAND, INC.



Principal Place of Business Mailing Address
991 WINTERBERRY DRIVE **991 WINTERBERRY DRIVE**
MARCO ISLAND, FL 34145 US **MARCO ISLAND, FL 34145 US**



01202005 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
59-2281355 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BLAU, ROGER
1074 DILL CT
MARCO ISLAND, FL 34145

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T AST, LARRY 1626 CAYMAN CT NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLAU, ROGER 1074 DILL COURT MARCO ISLAND, FL 34145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SEGALL, RALPH 3374 CERRITO CT NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BAUM, SUE R 930 CAPE MARCO DR #501 MARCO ISLAND, FL 34145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT KOSLOW, ARNOLD 845 COLLIER CT 402 MARCO ISLAND, FL 34145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UN0000219064
 02/08/05-80012-015 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **Treasurer** **1/27/05** **239-642-0800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #