2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# N02000002795

Entity Name: NAPLES JEWISH COMMUNITY FUND, INC.

Current Principal Place of Business:

8889 PELICAN BAY BOULEVARD
SUITE 500
NAPLES, FL 34108

New Principal Place of Business:

Current Mailing Address:

8889 PELICAN BAY BOULEVARD
SUITE 500
NAPLES, FL 34108

New Mailing Address:

PO BOX 771570
NAPLES, FL 341071570

FEI Number: 01-0669277 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FELDMAN, MICHAEL A
8889 PELICAN BAY BOULEVARD
SUITE 500
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SHERMAN, BRUCE S
Address: 8889 PELICAN BAY BOULEVARD, SUITE 500
City-St-Zip: NAPLES, FL 34108

Title: VD ( ) Delete
Name: BAKER, JAY
Address: 4601 GULF SHORE BLVD., NORTH
City-St-Zip: NAPLES, FL 34103

Title: VD ( ) Delete
Name: SCHWARTZ, STEPHEN
Address: 328 COLONY DRIVE
City-St-Zip: NAPLES, FL 34108

Title: ST ( ) Delete
Name: FELDMAN, MICHAEL A
Address: 7545 CORDOBA CIRCLE
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE S SHERMAN PRES 04/28/2008

Electronic Signature of Signing Officer or Director — Date