2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

Mailing Address

NAPLES FL 34108

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

SUITE 500

8889 PELICAN BAY BOULEVARD

DOCUMENT # N02000002795

Country

6. Name and Address of Current Registered Agent

1. Entity Name

SUITE 500

NAPLES FL 34108

Principal Place of Business

8889 PELICAN BAY BOULEVARD

2. Principal Place of Business

FELDMAN, MICHAEL A

8889 PELICAN BAY BOULEVARD

Suite, Apt. #, etc.

City & State

SUITE 500 NAPLES FL 34108

SIGNATURE

Zip

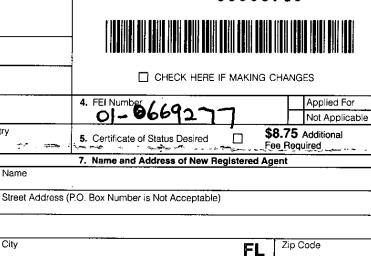
NAPLES JEWISH COMMUNITY FUND, INC.



FILED Jan 21, 2003 8:00 am Secretary of State

01-21-2003 90050 002 ****61.25

90006749



DATE

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.

Country

Name

City

(NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable

FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. [\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State			
10.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHERMAN, BRUCE S 8889 PELICAN BAY BOULEVARD, SUITE NAPLES FL 34108	□ Delete 500	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BAKER, JAY 4601 GULF SHORE BLVD., NORTH NAPLES FL 34103	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	and the second s		☐ Change	Addition
TITLE NAME STREET ADDRESS CHY-ST-ZIP	VD SCHWARTZ, STEPHEN 328 COLONY DRIVE NAPLES FL 34108	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FELDMAN, MICHAEL A 7545 CORDOBA CIRCLE NAPLES FL 34109	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		,	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	•		☐ Change	Addition
TITLE NAME STREET ADDRESS CHY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition

12. 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 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:

SIGNATIMENEED

239-2S4-2S02