

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90051 025 ****61.25

DOCUMENT # N04000000731



1. Entity Name
**JEWISH COMMUNITY CENTER OF SOUTHWEST
FLORIDA, INC.**

Principal Place of Business
**8889 PELICAN BAY BOULEVARD
SUITE 500
NAPLES, FL 34108**

Mailing Address
**8889 PELICAN BAY BOULEVARD
SUITE 500
NAPLES, FL 34108**

40037576



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02232005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
56-2453614

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME SHERMAN, BRUCE S
STREET ADDRESS 8889 PELICAN BAY BLVD. #500
CITY-ST-ZIP NAPLES, FL 34108

TITLE VD ☐ Delete
NAME BAKER, JAY
STREET ADDRESS 4601 GULF SHORE BLVD. NORTH
CITY-ST-ZIP NAPLES, FL 34103

TITLE VD ☐ Delete
NAME SCHWARTZ, STEPHEN
STREET ADDRESS 328 COLONY DRIVE
CITY-ST-ZIP NAPLES, FL 34108

TITLE STD ☐ Delete
NAME FELDMAN, MICHAEL A
STREET ADDRESS 741 HICKORY ROAD
CITY-ST-ZIP NAPLES, FL 34108

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Bruce J. Sherman
BRUCE J. SHERMAN
PRES/DIR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #