

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000731

FILED
Apr 28, 2009
Secretary of State

Entity Name: JEWISH COMMUNITY CENTER OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

8889 PELICAN BAY BOULEVARD
SUITE 500
NAPLES, FL 34108

New Principal Place of Business:

4101 GULF SHORE BLVD N
PH 4
NAPLES, FL 34103

Current Mailing Address:

PO BOX 771570
NAPLES, FL 341071570

New Mailing Address:

4101 GULF SHORE BLVD N
PH 4
NAPLES, FL 34103

FEI Number: 56-2453614

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 BLVD. #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: STD () Delete
Name: FELDMAN, MICHAEL A
Address: 741 HICKORY ROAD
City-St-Zip: NAPLES, FL 34108

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SHERMAN, BRUCE S
Address: 4101 GULF SHORE BLVD N, PH 4
City-St-Zip: NAPLES, FL 34103

Title: VD (X) Change () Addition
Name: BAKER, JAY
Address: 4101 GULF SHORE BLVD N, PH 5
City-St-Zip: NAPLES, FL 34103

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

04/28/2009

Electronic Signature of Signing Officer or Director

Date