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Jun 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Wortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N10345** (9)

1. Corporation Name

**NATIONAL COUNCIL OF JEWISH WOMEN - NAPLES/MARCO
SECTION, INC.**



Principal Place of Business C/O AUDREY KONWISER 1325 MARLIN DRIVE NAPLES FL 33962 US	Mailing Address C/O AUDREY KONWISER 1325 MARLIN DRIVE NAPLES FL 33962 US
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3. Date Incorporated or Qualified

07/22/1985

4. FEI Number

51-0224801

Applied For

Not Applicable

2. Principal Place of Business

21 C/O CAROL EMERSON

Suite, Apt. #, etc.

22 161 BRAMPTON LANE

City & State

23 NAPLES, FL.

Zip

24 34104

Country

25 USA.

2a. Mailing Address

26 C/O CAROL EMERSON

Suite, Apt. #, etc.

27 161 BRAMPTON LANE

City & State

28 NAPLES FL

Zip

29 34104

Country

30 USA.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

Trust Fund Contribution ☐

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**KONWISER, AUDREY
1325 MARLIN DRIVE
NAPLES FL 33962**

10. Name and Address of New Registered Agent

81 Name CAROL EMERSON

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

161 BRAMPTON LANE

83 NAPLES

84 City

FL

85 Zip Code

34104

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE

Carol Emerson

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

(NOTE: Registered Agent signature required when reinstating)

5/1/98

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE

NAME **KONWISER, AUDREY**

STREET ADDRESS **1325 MARLIN DRIVE**

CITY-ST-ZIP **NAPLES FL**

TITLE **D** ☒ DELETE

NAME **NATKINS, ELAINE**

STREET ADDRESS **4530 GULF SHORE BLVD N #132**

CITY-ST-ZIP **NAPLES FL**

TITLE **Trustee** ☐ DELETE

NAME **WEINFELD, HELEN**

STREET ADDRESS **4551 GULF SHORE BLVD N #805**

CITY-ST-ZIP **NAPLES FL**

TITLE **TD** ☒ DELETE

NAME **MELTZER, GERTRUDE**

STREET ADDRESS **820 KETCH DRIVE #7**

CITY-ST-ZIP **NAPLES FL**

TITLE **Trustee** ☐ DELETE

NAME **Louise Harman**

STREET ADDRESS **239 Bayfront Dr**

CITY-ST-ZIP **Naples FL 34108**

TITLE **Trustee** ☐ DELETE

NAME **Leokoke Reich**

STREET ADDRESS **713 Reef Point Circle**

CITY-ST-ZIP **Naples FL 34108**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P. EDYTHE WINTERS** ☒ Change ☐ Addition

1.2 NAME **1568 WEYBRIDGE CIRCLE**

1.3 STREET ADDRESS **NAPLES, FL.**

1.4 CITY-ST-ZIP **34110**

2.1 TITLE **STEVEN R** ☒ Change ☐ Addition

2.2 NAME **SELMA GAYTON**

2.3 STREET ADDRESS **1982 E. CROWN PT BLVD**

2.4 CITY-ST-ZIP **NAPLES FL 34112**

3.1 TITLE **SO** ☒ Change ☐ Addition

3.2 NAME **SYLVIA LIGHT**

3.3 STREET ADDRESS **9631 TURTLE BAY DR**

3.4 CITY-ST-ZIP **NAPLES FL 34108**

4.1 TITLE **LOUISE HARMAN** ☒ Change ☐ Addition

4.2 NAME **239 BAYFRONT DR**

4.3 STREET ADDRESS **NAPLES FL 34108**

4.4 CITY-ST-ZIP **NAPLES FL 34108**

5.1 TITLE **S. SYLVIA ROSENTHAL** ☒ Change ☐ Addition

5.2 NAME **4081 GULF SHORE BLVD N.**

5.3 STREET ADDRESS **NAPLES FL 34103 # 1106**

5.4 CITY-ST-ZIP **NAPLES FL 34103**

6.1 TITLE **MICHELE PARTOW** ☒ Change ☐ Addition

6.2 NAME **2261 CITRUS LAKE DR**

6.3 STREET ADDRESS **NAPLES FL 34109 # 203**

6.4 CITY-ST-ZIP **NAPLES FL 34109**

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Carol Emerson

5/1/98

CR2E037 (10/97)