

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 29, 2004 8:00 am**  
**Secretary of State**

03-08-2004 90042 024 \*\*\*\*61.25  
07-29-2004 90011 014 \*\*\*\*61.25

**DOCUMENT # N10345**

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



Principal Place of Business  
**C/O CAROL EMERSON  
161 BRAMPTON LANE  
NAPLES, FL 34104 US**

Mailing Address  
**C/O CAROL EMERSON  
161 BRAMPTON LANE  
NAPLES, FL 34104 US**

**44050386**



2. Principal Place of Business <b>C/O REISS, MARCELLE</b> Suite, Apt. #, etc. <b>5313 GUADELOUPE WAY</b> City & State <b>NAPLES FL</b> Zip <b>34119</b> Country <b>US</b>		3. Mailing Address <b>C/O REISS, MARCELLE</b> Suite, Apt. #, etc. <b>5313 GUADELOUPE WAY</b> City & State <b>NAPLES FL</b> Zip <b>34119</b> Country <b>US</b>	
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07022004 Chg-NP CR2E037 (10/03)

4. FEI Number <b>51-0224801</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**EMERSON, CAROL  
161 BRAMPTON LANE  
NAPLES, FL 34104**

**7. Name and Address of New Registered Agent**

Name **REISS, MARCELLE**  
Street Address (P.O. Box Number is Not Acceptable)  
**5313 GUADELOUPE WAY**  
**NAPLES FL**  
City **FL** Zip Code **34119**

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 **MARCELLE D. REISS - MARCELLE D. REISS, PRESIDENT** **7/23/04**  
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 September 8, 2004**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>DT KAUFMAN, JUDITH B 804 SLASHPINE CT NAPLES, FL 34108</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T GASTON, SELMA 1982 E. CROWN PT BLVE NAPLES, FL 34112</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TRUS HAIMAN, LOUISE 239 BAYFRONT DR NAPLES, FL 34108</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T R R WEINBERGER, HEDY 1043 SPANISH MOSS TRAIL NAPLES, FL 34108</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T DRAMOND, SANDRA 6585 NICHOLAS BLVD, #1801 NAPLES, FL 34108</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **JUDITH B KAUFMAN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/23/04** **239-598-1550**  
Date Daytime Phone #