

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2005 08:00 AM
Secretary of State

DOCUMENT # N10345

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



Principal Place of Business

**C/O REISS, MARCELLE
5313 GUADELOUP E WAY
NAPLES, FL 34119 US**

Mailing Address

**C/O REISS, MARCELLE
5313 GUADELOUP E WAY
NAPLES, FL 34119 US**



07262005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0224801

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**REISS, MARCELLE
5313 GUADELOUP E WAY
NAPLES, FL 34119**

**DO NOT WRITE
IN THIS SPACE**

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 September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	DT
NAME	KAUFMAN, JUDITH B
STREET ADDRESS	804 SLASHPINE CT
CITY-ST-ZIP	NAPLES, FL 34108
TITLE	T
NAME	GASTON, SELMA
STREET ADDRESS	1982 E. CROWN PT BLVE
CITY-ST-ZIP	NAPLES, FL 34112
TITLE	TRUS
NAME	HAIMAN, LOUISE
STREET ADDRESS	239 BAYFRONT DR
CITY-ST-ZIP	NAPLES, FL 34108
TITLE	T
NAME	WEINBERGER, HEDY
STREET ADDRESS	1043 SPANISH MOSS TRAIL
CITY-ST-ZIP	NAPLES, FL 34108
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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* **JUDITH B. KAUFMAN** 7/25/05 239-598-15.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #