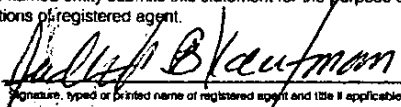
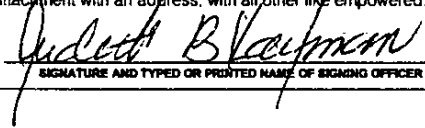


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90049 010 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                           |                                                                                                                                                     |                                                                                                                                                                                                             |                                                                                                      |                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # N10345</b><br>1. Entity Name<br><b>NATIONAL COUNCIL OF JEWISH WOMEN -<br/>NAPLES/MARCO SECTION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                           |                                                                                                                                                     |                                                                                                                                                                                                             |                     |                                                                              |
| Principal Place of Business<br><b>C/O REISS, MARCELLE<br/>5313 GUADELOUPE E WAY<br/>NAPLES, FL 34119 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                           |                                                                                                                                                     |                                                                                                                                                                                                             | Mailing Address<br><b>C/O REISS, MARCELLE<br/>5313 GUADELOUPE E WAY<br/>NAPLES, FL 34119 US</b>      |                                                                              |
| 2. Principal Place of Business<br><b>910 KAUFMAN JUDITH<br/>Suite, Apt. #, etc.<br/>804 SLASH PINE CT.<br/>City &amp; State<br/>NAPLES FL<br/>Zip<br/>34106</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                           | 3. Mailing Address<br><b>910 KAUFMAN JUDITH<br/>Suite, Apt. #, etc.<br/>804 SLASH PINE CT.<br/>City &amp; State<br/>NAPLES FL<br/>Zip<br/>34106</b> |                                                                                                                                                                                                             |                    |                                                                              |
| 01142006 Chg-NP CR2E037 (11/05)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                           |                                                                                                                                                     |                                                                                                                                                                                                             | 4. FEI Number<br><b>51-0224801</b>                                                                   |                                                                              |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                           |                                                                                                                                                     |                                                                                                                                                                                                             | Applied For<br><input type="checkbox"/> Not Applicable                                               |                                                                              |
| 6. Name and Address of Current Registered Agent<br><b>REISS, MARCELLE<br/>5313 GUADELOUPE WAY<br/>NAPLES, FL 34119</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                           |                                                                                                                                                     | 7. Name and Address of New Registered Agent<br>Name <b>KAUFMAN JUDITH</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>804 SLASH PINE CT.</b><br>City <b>NAPLES</b> FL Zip Code <b>34106</b> |                                                                                                      |                                                                              |
| 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.<br>SIGNATURE  <b>JUDITH B KAUFMAN</b> 1-17-06<br><small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                             |                                                                                           |                                                                                                                                                     |                                                                                                                                                                                                             |                                                                                                      |                                                                              |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                           | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/>                                                                 |                                                                                                                                                                                                             | <b>\$5.00 May Be Added to Fees</b>                                                                   |                                                                              |
| Make check payable to<br><b>Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                           |                                                                                                                                                     |                                                                                                                                                                                                             |                                                                                                      |                                                                              |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                           |                                                                                                                                                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                                                                                                |                                                                                                      |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DT<br><b>KAUFMAN, JUDITH B</b><br><b>804 SLASH PINE CT</b><br><b>NAPLES, FL 34108</b>     | <input type="checkbox"/> Delete                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                              | PRS<br><b>KAUFMAN JUDITH B</b><br><b>804 SLASH PINE CT.</b><br><b>NAPLES FL 34108</b>                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | T<br><b>GASTON, SELMA</b><br><b>1982 E. CROWN PT BLVE</b><br><b>NAPLES, FL 34112</b>      | <input checked="" type="checkbox"/> Delete                                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                              | T<br><b>BLAND, IRIS</b><br><b>370 25th St. NW</b><br><b>NAPLES FL 34120</b>                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | TRUS<br><b>HAIMAN, LOUISE</b><br><b>239 BAYFRONT DR</b><br><b>NAPLES, FL 34108</b>        | <input checked="" type="checkbox"/> Delete                                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                              | S<br><b>WEINTRAUB JUDY</b><br><b>24350 SANDAPER ISLE WAY # 701</b><br><b>BONITA SPRINGS FL 34134</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | T<br><b>WEINBERGER, HEDY</b><br><b>1043 SPANISH MOSS TRAIL</b><br><b>NAPLES, FL 34108</b> | <input type="checkbox"/> Delete                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                              | D<br><b>WEINBERGER, HEDY</b><br><b>1043 SPANISH MOSS TRAIL</b><br><b>NAPLES FL 34108</b>             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (Empty)                                                                                   | <input type="checkbox"/> Delete                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                              | W<br><b>WAINICK, LINDA</b><br><b>9698 Cedar Hammock BLVD.</b><br><b>NAPLES FL 34112</b>              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (Empty)                                                                                   | <input type="checkbox"/> Delete                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                              | P<br><b>PERSON, JOAN</b><br><b>8780 Largo MAR DR.</b><br><b>FT. MYERS FL 33912</b>                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  <b>JUDITH B KAUFMAN</b> 1/17/06 239-596-1550<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                           |                                                                                                                                                     |                                                                                                                                                                                                             |                                                                                                      |                                                                              |