


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90186 002 ****61.25

DOCUMENT # N10345 1. Entity Name NATIONAL COUNCIL OF JEWISH WOMEN - NAPLES/MARCO SECTION, INC.					
Principal Place of Business C/O KAUFMAN, JUDITH 804 SLASH PINE CT. NAPLES, FL 34108 US			Mailing Address C/O KAUFMAN, JUDITH 804 SLASH PINE CT. NAPLES, FL 34108 US		
2. Principal Place of Business - No P.O. Box # C/O ELISSA GOLDSTEIN		3. Mailing Address C/O ELISSA GOLDSTEIN			
Suite, Apt. #, etc. 6017 PINE RIDGE RD #194		Suite, Apt. #, etc. 6017 PINE RIDGE RD #194			
City & State NAPLES, FL		City & State NAPLES, FL			
Zip 34119		Country US COLLIER		Zip 34119	
Country US		Country COLLIER			
4. FEI Number 51-0224801			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent KAUFMAN, JUDITH 804 SLASH PINE CT. NAPLES, FL 34105			7. Name and Address of New Registered Agent Name GOLDSTEIN ELISSA Street Address (P.O. Box Number is Not Acceptable) 6017 PINE RIDGE RD #194 City NAPLES 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 <u><i>E Goldstein</i></u> DATE <u>4/16/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRVS KAUFMAN, JUDITH B 804 SLASH PINE CT NAPLES, FL 34108	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT WOLF, SANDRA 8146 CHANCELL CT. #2 NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GOLDSTEIN, ELISSA PMB 194 6017 PINERIDGE NAPLES, FL 34119	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PERSON JOAN 8780 LARGO MAR DR FT MYERS, FL 33967
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WEINTRAUB, JUDY 24350 SANDPIPER ISLE WAY #701 BONITA SPRINGS, FL 34134	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEINBERGER, HEDY 1043 SPANISH MOSS TRAIL NAPLES, FL 34108	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLEIN, CAROL 686 SQUIRE CIRCLE #204 NAPLES FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: <u><i>E Goldstein</i></u> ELISSA GOLDSTEIN <u>4/28/08</u> <u>239-455-2004</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					