

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10345

FILED
Mar 24, 2009
Secretary of State

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

Current Principal Place of Business:

C/O ELISSA GOLDSTEIN
6017 PINE RIDGE RD #194
NAPLES, FL 34119 US

New Principal Place of Business:

Current Mailing Address:

C/O ELISSA GOLDSTEIN
6017 PINE RIDGE RD #194
NAPLES, FL 34119 US

New Mailing Address:

FEI Number: 51-0224801

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLDSTEIN, ELISSA
6017 PINE RIDGE RD #194
NAPLES, FL 34119 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WOLF, SANDRA
Address: 8140 CHANCE CT H2
City-St-Zip: NAPLES, FL 34104

Title: T () Delete
Name: GOLDSTEIN, ELISSA
Address: PMB 194 6017 PINERIDGE
City-St-Zip: NAPLES, FL 34119

Title: D () Delete
Name: WEINTRAUB, JUDY
Address: 24350 SANDPIPER ISLE WAY #701
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D () Delete
Name: KLEIN, CAROL
Address: 686 SQUIRE CIRCLE #204
City-St-Zip: NAPLES, FL 34104

Title: S () Delete
Name: PETERSON, JOAN
Address: 8780 LARGO MAR DR
City-St-Zip: FT MYERS, FL 33967

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: PERSON, JOAN
Address: 8780 LARGO MAR DR
City-St-Zip: FT MYERS, FL 33967

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELISSA GOLDSTEIN

T

03/24/2009

Electronic Signature of Signing Officer or Director

Date