

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10345

**FILED**  
**Jan 29, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

C/O ELLEN GURNITZ  
1080 SO. COLLIER BLVD. #24  
MARCO ISLAND, FL 34145 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O ELLEN GURNITZ  
1080 SO. COLLIER BLVD. #24  
MARCO ISLAND, FL 34145 US

**New Mailing Address:**

**FEI Number:** 51-0224801

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

GURNITZ, ELLEN  
1080 SO. COLLIER BLVD. #24  
MARCO ISLAND, FL 34145 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  
**Name:** KATZ, BOBBIE  
**Address:** 5804 CINZANO COURT  
**City-St-Zip:** NAPLES, FL 34109

**Title:** VP  
**Name:** WAINICK, LINDA  
**Address:** 8698 CEDAR HAMMOCK ROAD  
**City-St-Zip:** NAPLES, FL 34112

**Title:** T  
**Name:** GURNITZ, ELLEN M  
**Address:** 1080 SO. COLLIER BLVD. #24  
**City-St-Zip:** MARCO ISLAND, FL 34145

**Title:** S  
**Name:** KLEIN, CAROL  
**Address:** 686 SQUIRE CIRCLE #204  
**City-St-Zip:** NAPLES, FL 34104

I hereby 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 all other like empowered.

**SIGNATURE:** ELLEN M. GURNITZ

TREA

01/29/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date