

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N31261 (3)**

1. Corporation Name

**JEWISH BUSINESS AND PROFESSIONAL ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

**6315 PRESIDENTIAL CT  
SUITE A  
FT. MYERS FL 33919**

**6315 PRESIDENTIAL CT  
SUITE A  
FT. MYERS FL 33919**

3. Date Incorporated or Qualified  
**03/20/1989**

3a. Date of Last Report  
**05/31/1995**

2. Principal Place of Business

2a. Mailing Address

**21 6237 PRESIDENTIAL CT**

**26 6237 PRESIDENTIAL CT**

4. FEI Number  
**65-0015843**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 E**

**27 E**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

City & State

City & State

**23 FT. MYERS FL**

**28 FT. MYERS FL**

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

Zip

Country

Zip

Country

**24 33919**

**25 LEE**

**29 33919**

**30 LEE**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MYERS, HELENE  
6315 PRESIDENTIAL CT.  
SUITE A  
FT. MYERS FL 33919**

**81 Name ANNETTE GOODMAN**

**82 Street Address (P.O. Box Number is Not Acceptable)**

**6237 PRESIDENTIAL CT #E**

**83**

**84 City FORT MYERS**

**FL**

**85 Zip Code**

**33919**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE

*Annette Goodman*

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-8-96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FRIED, HERB	
STREET ADDRESS	2524 SE FIRST ST	
CITY - ST - ZIP	FT. MYERS FL 33901	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	KRAMER, HELENE	
STREET ADDRESS	6315-A PRESIDENTIAL CT.	
CITY - ST - ZIP	FT. MYERS FL 33919	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SHOELFELD, LESLIE	
STREET ADDRESS	15461 QUEENSFERRY DR.	
CITY - ST - ZIP	FT. MYERS FL 33912	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SIMON, RONALD	
STREET ADDRESS	1342 COLONIAL BLVD.	
CITY - ST - ZIP	FT. MYERS FL 33907	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ESKIN, HAROLD	
STREET ADDRESS	4020 DEL PRADO BLVD.	
CITY - ST - ZIP	CAPE CORAL FL 33904	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	EXEC. DIRECTOR - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ANNETTE GOODMAN	
1.3 STREET ADDRESS	9891 LAS CASAS DR	
1.4 CITY - ST - ZIP	FT. MYERS, FL 33919	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Annette Goodman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-8-96**  
Date

**941-481-4449**  
Daytime Phone #

CR2E037 (12/95)