2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 24, 2004
Secretary of State

DOCUMENT# N31261

Entity Name: JEWISH BUSINESS AND PROFESSIONAL ASSOCIATION, INC.

Current Principal Place of Business:

6237 PRESIDENTIAL CT
E
FT MYERS, FL 33919 US

New Principal Place of Business:

Current Mailing Address:

6237 PRESIDENTIAL CT
E
FT. MYERS, FL 33919 US

New Mailing Address:

FEI Number: 65-0015843 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANNETTE GOODMAN
6237 PRESIDENTIAL CT. #E
FT. MYERS, FL 33919 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:	ED	( ) Delete
Name:	GOODMAN, ANNETTE	
Address:	9891 LAS CASAS DRIVE	
City-St-Zip:	FT. MYERS, FL 33919	
Title:	SD	( ) Delete
Name:	SHOELFELD, LESLIE,	
Address:	15461 QUEENSFERRY DR.	
City-St-Zip:	FT. MYERS, FL 33912	
Title:	TD	( ) Delete
Name:	SIMON, RONALD,	
Address:	1342 COLONIAL BLVD.	
City-St-Zip:	FT. MYERS, FL 33907	
Title:	D	( ) Delete
Name:	ESKIN, HAROLD,	
Address:	4020 DEL PRADO BLVD.	
City-St-Zip:	CAPE CORAL, FL 33904	

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:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ANNETTE GOODMAN ED 08/24/2004

Electronic Signature of Signing Officer or Director — Date