

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000003707 (5)

1. Corporation Name
JEWISH COMMUNITY CENTER OF CAPE CORAL INC



Principal Place of Business
**3820 S.E. 2ND PL.
CAPE CORAL FL 33904**

Mailing Address
**3820 S.E. 2ND PL.
CAPE CORAL FL 33904**

3. Date Incorporated or Qualified
08/03/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
65-0610063

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip Country

28 Zip Country

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

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ZWERDLING, MURRAY
3820 S.E. 2ND PL.
CAPE CORAL FL 33904**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input checked="" type="checkbox"/>	President MURRAY ZWERDLING	<input type="checkbox"/> DELETE	11 TITLE <input checked="" type="checkbox"/> Trustee
NAME	3820 SE 2nd PL	12 NAME	LOUISE LUSTER
STREET ADDRESS	Cape Coral, fl, 33904	13 STREET ADDRESS	221 SE 44th St.
CITY-ST-ZIP		14 CITY-ST-ZIP	Cape Coral, Fl. 33904
TITLE <input checked="" type="checkbox"/>	Tres. HELEN GERSHBERG	<input type="checkbox"/> DELETE	21 TITLE <input checked="" type="checkbox"/> Trustee
NAME	2010 SE 12th Terr	22 NAME	George Lester
STREET ADDRESS	CAPE CORAL, FL., 33904	23 STREET ADDRESS	221 SE 44th St.
CITY-ST-ZIP		24 CITY-ST-ZIP	Cape Coral, Fl. 33904
TITLE <input checked="" type="checkbox"/>	SEC. ALICE WELLS	<input type="checkbox"/> DELETE	31 TITLE <input checked="" type="checkbox"/> Trustee
NAME	2022 SE 14th Terr	32 NAME	Sally Lichtenstein
STREET ADDRESS	CAPE CORAL, FL., 33990	33 STREET ADDRESS	5225 SW 11th Ave.
CITY-ST-ZIP		34 CITY-ST-ZIP	Cape Coral, Fl. 33914
TITLE <input checked="" type="checkbox"/>	TRUSTEE MADLINE SCHWAM	<input type="checkbox"/> DELETE	41 TITLE
NAME	1326 SE 23rd Ave	42 NAME	
STREET ADDRESS	CAPE CORAL, FL. 33990	43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	51 TITLE
NAME			52 NAME
STREET ADDRESS			53 STREET ADDRESS
CITY-ST-ZIP			54 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	61 TITLE
NAME			62 NAME
STREET ADDRESS			63 STREET ADDRESS
CITY-ST-ZIP			64 CITY-ST-ZIP

<input type="checkbox"/> Change <input type="checkbox"/> Addition	600001758376
<input type="checkbox"/> Change <input type="checkbox"/> Addition	-03/26/96--01153--020
<input type="checkbox"/> Change <input type="checkbox"/> Addition	***61.25

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: MURRAY ZWERDLING *Murray Zwerdling* 2/12/96 941-542-8721
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)