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Jan 27 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N95000003707 (5)

1. Corporation Name

JEWISH COMMUNITY CENTER OF CAPE CORAL INC



Principal Place of Business

Mailing Address

3820 S.E. 2ND PL.
CAPE CORAL FL 33904

3820 S.E. 2ND PL.
CAPE CORAL FL 33904-4815

3. Date Incorporated or Qualified 08/03/1995	3a. Date of Last Report 03/26/1996
4. FEI Number 65-0610063	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	29. Country
30. Country	

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	ZWERDLING, MURRAY
STREET ADDRESS	3820 SE 2ND PL
CITY-ST-ZIP	CAPE CORAL FL 33904
TITLE	DT <input type="checkbox"/> DELETE
NAME	GERSHBERG, HELEN
STREET ADDRESS	2010 SE 12TH TERR
CITY-ST-ZIP	CAPE CORAL FL 33904
TITLE	DS <input type="checkbox"/> DELETE
NAME	WELLS, ALICE
STREET ADDRESS	2022 SE 14TH TERR
CITY-ST-ZIP	CAPE CORAL FL 33990
TITLE	T <input type="checkbox"/> DELETE
NAME	SCHWAM, MADELINE
STREET ADDRESS	1326 SE 23RD AVE
CITY-ST-ZIP	CAPE CORAL FL 33990
TITLE	T <input type="checkbox"/> DELETE
NAME	LESTER, LOUISE
STREET ADDRESS	221 SE 44TH ST.
CITY-ST-ZIP	CAPE CORAL FL 33904
TITLE	T <input type="checkbox"/> DELETE
NAME	LESTER, GEORGE
STREET ADDRESS	221 SE 44TH ST.
CITY-ST-ZIP	CAPE CORAL FL 33904

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0055137

941-542-8721

CR2E037 (9/96)