

FILE NOW: FILING FEE IS \$61.25

FILED  
Jan 27 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000003707 (5)**  
1. Corporation Name  
**JEWISH COMMUNITY CENTER OF CAPE CORAL INC**



Principal Place of Business <b>3820 S.E. 2ND PL. CAPE CORAL FL 33904</b>	Mailing Address <b>3820 S.E. 2ND PL. CAPE CORAL FL 33904-4815</b>
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3. Date Incorporated or Qualified <b>08/03/1995</b>	3a. Date of Last Report <b>03/26/1996</b>
4. FEI Number <b>65-0610063</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent  
**ZWERDLING, MURRAY  
3820 S.E. 2ND PL.  
CAPE CORAL FL 33904**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

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: \_\_\_\_\_ DATE: **941-542-8721**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0055137

CR2E037 (9/96)