

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 26, 1999 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

01-26-1999 90034 003 *****61.25

DOCUMENT # **N95000003707**

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
i		26		08/03/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
2		27		65-0610063	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
3		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
Country		Country		30	
4		25		29	
25		29		\$5.00 May Be Added to Fees	

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

FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZWERDLING, MURRAY	1.2 NAME	
STREET ADDRESS	3820 SE 2ND PL	1.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33904	1.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERSHBERG, HELEN	2.2 NAME	
STREET ADDRESS	2010 SE 12TH TERR	2.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33904	2.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELLS, ALICE	3.2 NAME	
STREET ADDRESS	2022 SE 14TH TERR	3.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33990	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWAM, MADELINE	4.2 NAME	
STREET ADDRESS	1326 SE 23RD AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33990	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LESTER, LOUISE	5.2 NAME	
STREET ADDRESS	221 SE 44TH ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33904	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LESTER, GEORGE	6.2 NAME	
STREET ADDRESS	221 SE 44TH ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33904	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

MURRAY ZWERDLING

1-2-99

941-542-8721

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)