

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90044 009 ****61.25

DOCUMENT # N95000003707

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0610063

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	TRUSTEE LILLIAN KLEIN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1127 S.E. 21 TERR	
CITY-ST-ZIP	CAPE CORAL, FL. 33990	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MURRAY ZWERDLING, MURRAY Zwerdling

1-10-02 941-542-8721

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)