


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000003412					
1. Entity Name JEWISH COMMUNITY CENTER OF PINE ISLAND SOUND, INC.					
Principal Place of Business 5016 CURLEW DRIVE ST JAMES CITY FL 33956			Mailing Address 5016 CURLEW DRIVE ST JAMES CITY FL 33956		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
STONE, MALCOLM 5016 CURLEW DR P O BOX 33 ST JAMES CITY FL 33956				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reconstituting)					
DATE _____					
FILE NOW. FEE IS \$61.25 Due By May 1, 2006			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	STONE, MALCOM				NAME
STREET ADDRESS	5016 CURLEW DR				STREET ADDRESS
CITY-ST-ZIP	ST JAMES CITY FL 33956				CITY-ST-ZIP
TITLE	DS	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	HORVITZ, RUTH				NAME
STREET ADDRESS	7280 LADY FISH				STREET ADDRESS
CITY-ST-ZIP	ST JAMES CITY FL 33956				CITY-ST-ZIP
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	GREEN, JOSEPH				NAME
STREET ADDRESS	15761 TREASURE LN				STREET ADDRESS
CITY-ST-ZIP	FT MYERS FL 33905-2440				CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME					NAME
STREET ADDRESS					STREET ADDRESS
CITY-ST-ZIP					CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME					NAME
STREET ADDRESS					STREET ADDRESS
CITY-ST-ZIP					CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME					NAME
STREET ADDRESS					STREET ADDRESS
CITY-ST-ZIP					CITY-ST-ZIP



1st MOORE CR2E037 (10/05)
4. FEI Number **65-0771612** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

U00000501237
04/25/06-80054-006 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 persons empowered.

SIGNATURE _____ 4-5-06