

FILE NOW: FILING FEE IS \$61.25

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Mar 04, 1999 8:00 am  
Secretary of State

03-04-1999 90092 006 \*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # N98000006024

1. Corporation Name  
NAPLES JEWISH CENTER, INC.

Principal Place of Business  
13 LAS BRISAS WAY  
NAPLES FL 34108

Mailing Address  
13 LAS BRISAS WAY  
NAPLES FL 34108



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/22/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3545039	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134				81 Name	SAUNDRA R. KAPLAN		
				82 Street Address (P.O. Box Number is Not Acceptable)	1088 GAYLE WAY		
				83			
				84 City	MARCO ISLAND	FL	85 Zip Code
							34145

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 SAUNDRA R. KAPLAN SAUNDRA R. KAPLAN DATE 2/12/99

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	KAPLAN, ALAN G			1.2 NAME			
STREET ADDRESS	13 LAS BRISAS WAY			1.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL 34108			1.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FRIEDLAND, SAMUEL			2.2 NAME			
STREET ADDRESS	13 LAS BRISAS WAY			2.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL 34108			2.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FRIEDLAND, JUDITH			3.2 NAME			
STREET ADDRESS	13 LAS BRISAS WAY			3.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL 34108			3.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KAPLAN, SAUNDRA			4.2 NAME			
STREET ADDRESS	13 LAS BRISAS WAY			4.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL 34108			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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: ALAN G. KAPLAN ALAN G. KAPLAN PRESIDENT 2/12/99 941-394-0819

CR2E037 (1/198)