


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000006024	
1. Entity Name NAPLES JEWISH CENTER, INC.	

Principal Place of Business 6340 10TH AVE SW NAPLES, FL 34116	Mailing Address 6340 10TH AVE SW NAPLES, FL 34116
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DO NOT WRITE IN THIS SPACE



03252004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3545039	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BLOCK, GILBERT MR
 836 REGENCY RESERVE DR
 APT 504
 NAPLES, FL 34119-2343**

DO NOT WRITE IN THIS SPACE

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 reinstating) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

00000098951
 03/31/04-80026-006 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BLOCK, GILBERT MR 836 REGENCY RESERVE DR APT 504 NAPLES, FL 341192343
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ZEILINGER, MURRAY 26526 CLARKSTON DR BONITA SPRINGS, FL 34135
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SCD LICHTERMAN, BARBARA 8468 ADDINGTON CIRCLE APT 2121 NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BUSH, MARTIN 5938 BERMUDA LANE NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Martin H. Bush* 3/15/2004 (235) 513-0752