

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006024

FILED
Feb 03, 2007
Secretary of State

Entity Name: NAPLES JEWISH CENTER, INC.

Current Principal Place of Business:

6340 10TH AVE SW
NAPLES, FL 34116

New Principal Place of Business:

Current Mailing Address:

6340 10TH AVE SW
NAPLES, FL 34116

New Mailing Address:

FEI Number: 59-3545039

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ORLOVE, WILLIAM S MR
574 LAGUNA ROYALE BLVD.
APT 703
NAPLES, FL 34119 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WEINBERG, IRA MR.
Address: 3051 HORIZON LANE, #1801
City-St-Zip: NAPLES, FL 34109

Title: VP () Delete
Name: BUSH, RITA MRS
Address: 5938 BERMUDA LANE
City-St-Zip: NAPLES, FL 34119

Title: SEC () Delete
Name: BRESNICK, BARBARA MRS
Address: 5635 NORTHBORO DRIVE, UNIT 101
City-St-Zip: NAPLES, FL 34110

Title: TREA () Delete
Name: ORLOVE, WILLIAM S MR.
Address: 574 LAGUNA ROYALE BLVD., UNIT 703
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM S ORLOVE

TREA

02/03/2007

Electronic Signature of Signing Officer or Director

Date