

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006024

Entity Name: NAPLES JEWISH CONGREGATION, INC.**Current Principal Place of Business:**6340 NAPA WOODS WAY
NAPLES, FL 34116**Current Mailing Address:**P. O. 111994
NAPLES, FL 34108 US**FEI Number:** 59-3545039**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NAPLES JEWISH CONGREGATION
P. O. 111994
NAPLES, FL 34108 US*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:** RICHARD LECHTNER

01/24/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRES	Title	CORRESPONDING SECRETARY
Name	FLUM, CHARLES	Name	NAUMOFF, CHARLES
Address	P.O. BOX 111994	Address	P. O. 111994
City-State-Zip:	NAPLES FL 34108	City-State-Zip:	NAPLES FL 34108
Title	RECORDING SECRETARY	Title	DIRECTOR
Name	ROSENAUER, AUGUSTA	Name	SHAMBLOTT, SOREN
Address	P. O. 111994	Address	P. O. 111994
City-State-Zip:	NAPLES FL 34108	City-State-Zip:	NAPLES FL 34108
Title	DIRECTOR	Title	TREASURER
Name	FALKENSTEIN, SUSAN	Name	RAPOPORT, ELAINE
Address	P. O. 111994	Address	P. O. 111994
City-State-Zip:	NAPLES FL 34108	City-State-Zip:	NAPLES FL 34108
Title	VP	Title	DIRECTOR
Name	PALEY, SUZANNE	Name	RADIN, RONALD
Address	P. O. 111994	Address	P. O. 111994
City-State-Zip:	NAPLES FL 34108	City-State-Zip:	NAPLES FL 34108

Continues on page 2

I hereby 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 all other like empowered.

SIGNATURE: RICHARD LECHTNER

ASST. TREASURER

01/24/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ASST. TREASURER
Name LECHTNER, RICHARD
Address P.O. BOX 111994.
City-State-Zip: NAPLES FL 34108

Title DIRECTOR
Name MCCLOSKEY, STEPHEN
Address P. O. 111994
City-State-Zip: NAPLES FL 34108

Title DIRECTOR
Name MCCLOSKEY, SHELLEY
Address P.O. BOX 111994.
City-State-Zip: NAPLES FL 34108

Title DIRECTOR
Name GUGGENHEIM, MARCELA
Address P. O. 111994
City-State-Zip: NAPLES FL 34108