

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006024

Entity Name: NAPLES JEWISH CONGREGATION, INC.**Current Principal Place of Business:**6340 NAPA WAY
NAPLES, FL 34116**Current Mailing Address:**P. O. 111994
NAPLES, FL 34108 US**FEI Number:** 59-3545039**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**PALEY, SUZANNE
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:** SUZANNE PALEY

01/17/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES
Name PALEY, SUZANNE
Address 1325 HENLEY STREET,
#907
City-State-Zip: NAPLES FL 34105

Title CORRESPONDING SECRETARY
Name RUSKIN, RUTH
Address P. O. 111994
City-State-Zip: NAPLES FL 34108

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

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

Title VP
Name FOGELSON, HAL
Address P. O. 111994
City-State-Zip: NAPLES FL 34108

Title TREA
Name RAPOPORT, ELAINE
Address P. O. 111994
City-State-Zip: NAPLES FL 34108

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

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

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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: ELAINE RAPOPORT**TREASURER**

01/17/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

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

Title RECORDING SECRETRY
Name DORIO, GAYLE
Address P.O. BOX 111994
City-State-Zip: NAPLES FL 34108