

**2017 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

01/09/2017

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 DIRECTOR  
Name GREENBERG, CAROLINE  
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

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

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

Title TREASURER  
Name LECHTNER, RICHARD  
Address P. O. 111994  
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

TREASURER

01/09/2017

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title                VP  
Name                WEISBERG, MARVIN  
Address             P.O. BOX 111994  
City-State-Zip:    NAPLES FL 34108