

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006024

FILED
Jan 18, 2015
Secretary of State
CC1064453789

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

01/18/2015

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

Title SEC
Name RUSKIN, RUTH
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 JACOBUS, RICHARD
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 NAUMOFF, CHARLES
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

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: ELAINE RAPOPORT

TREASURER

01/18/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

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