

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 708762 (0)
1. Corporation Name

HOLLYWOOD, FLORIDA SECTION, NATIONAL COUNCIL OF JEWISH WOMEN, INC.



Principal Place of Business: **3731 OTTAWA LANE COOPER CITY FL 33026**
Mailing Address: **3771 N. PARK RD. HOLLYWOOD FL 33021 US**

3. Date Incorporated or Qualified: **04/08/1965**
3a. Date of Last Report: **05/01/1995**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
	3610 N 52 AVE	59-1697661	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
	HOLLYWOOD, FL		
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
	33021 U.S.A.		
24. Zip	25. Country	29. Zip	30. Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent **10. Name and Address of New Registered Agent**

**SCHWARTZ, ELAINE J
3389 SHERIDAN STREET
HOLLYWOOD FL 33021**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-stating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOUSMAN, FRANCES	1.2 NAME	
STREET ADDRESS	3771 N. PARK RD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	HOLLYWOOD FL	1.4 CITY - ST - ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEONARD, GLORIA	2.2 NAME	P/O SCHIMMEL, PAULA
STREET ADDRESS	4302 PIERCE ST.	2.3 STREET ADDRESS	3610 N 52 AVE
CITY - ST - ZIP	HOLLYWOOD FL	2.4 CITY - ST - ZIP	HOLLYWOOD, FL 33021
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOBEL, ELEANOR	3.2 NAME	
STREET ADDRESS	3700 N. 54TH AVENUE	3.3 STREET ADDRESS	
CITY - ST - ZIP	HOLLYWOOD FL	3.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTZ, ELAINE	4.2 NAME	
STREET ADDRESS	4962 SARAZEN DRIVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	HOLLYWOOD FL	4.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENDORF, HARRIET	5.2 NAME	
STREET ADDRESS	3731 OTTAWA LANE	5.3 STREET ADDRESS	
CITY - ST - ZIP	COOPER CITY FL	5.4 CITY - ST - ZIP	
TITLE	FSD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIENER, JUDY	6.2 NAME	
STREET ADDRESS	3981 N. 32 TERR.	6.3 STREET ADDRESS	
CITY - ST - ZIP	HOLLYWOOD FL	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Paula Schimmel Date: 3/12/96 Daytime Phone #: 954-983-3991

CR2E037 (12/95)