


FILE NOW: FILING FEE IS \$61.25

FILED
Jan 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 3610 N 52 AVENUE HOLLYWOOD FL 33021 US
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3. Date Incorporated or Qualified 04/08/1965		
4. FEI Number 59-1697661	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent
SCHWARTZ, ELAINE J
3389 SHERIDAN STREET
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	HOUSMAN, FRANCES	
STREET ADDRESS	3771 N. PARK RD.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SCHIMMEL, PAULA	
STREET ADDRESS	3610 N 52 AVENUE	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SOBEL, ELEANOR	
STREET ADDRESS	3700 N. 54TH AVENUE	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SCHWARTZ, ELAINE	
STREET ADDRESS	4962 SARAZEN DRIVE	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ROSENDORF, HARRIET	
STREET ADDRESS	3731 OTTAWA LANE	
CITY-ST-ZIP	COOPER CITY FL	
TITLE	FSD	<input type="checkbox"/> DELETE
NAME	WIENER, JUDY	
STREET ADDRESS	3981 N. 32 TERR.	
CITY-ST-ZIP	HOLLYWOOD FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Elaine Fishler **REQUIRED** 1/10/98 (954) 966-4978

CR2E037 (10/97)