


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 05, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 708762</b>		
1. Entity Name <b>HOLLYWOOD, FLORIDA SECTION, NATIONAL COUNCIL OF JEWISH WOMEN, INC.</b>		
Principal Place of Business <b>3981 N 32 TERR          HOLLYWOOD, FL 33021</b>	Mailing Address <b>3771 N PARK ROAD          HOLLYWOOD, FL 33021 US</b>	



04302008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1697661</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**SCHWARTZ, ELAINE J  
 4601 SHERIDAN ST  
 SUITE 208  
 HOLLYWOOD, FL 33021**

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

000000040523  
 06/02/08 80062 015 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOUSMAN, FRANCES 3771 N. PARK RD. HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YACHTER, MILLIE 21451 HIGHLAND LAKES BLVD N. MIAMI BEACH, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOBEL, ELEANOR 3700 N. 54TH AVENUE HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHWARTZ, ELAINE 4962 SARAZEN DRIVE HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROSENDORF, HARRIET 3731 OTTAWA LANE COOPER CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WIENER, JUDY 3981 N. 32 TERR. HOLLYWOOD, FL 33021

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Frances Housman*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/2008 951-966-3460  
 Date Daytime Phone #