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NONPROFIT CORPORATION ANNUAL REPORT



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

1996

Principal Place of Business

N9400006089 (6) **DOCUMENT #**

WESTON SECTION, NATIONAL COUNCIL OF JEWISH WOMEN , INC.

1952 WATER RIDGE DR 1952 WATER RIDGE DR FT LAUDERDALE FL 33326 FT LAUDERDALE FL 33326 Date Incorporated or Qualified 12/13/1994 3a. Date of Last Report 05/01/1995 APPLIED FOR Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. Certificate of Status Desired Fee Required 27 22 City & State **\$5.00** May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Ζφ Country 8. This corporation has liability for intangible tax under s. 199.032, Country Zio ☐ Yes ☑ No 29 30 Florida Statutes 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name LEVINSON, LAURIE R Street Address (P.O. Box Number is Not Acceptable) 82 1952 WATER RIDGE DR 500<u>001863145</u> 83 FT LAUDERDALE FL 33326 -06/17/96--01020--019 Zip Code 85 64 City 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. - [*]Change DELETE 11 TITLE TITLE SEVEL, JANET 1.2 NAME NAME C/O 1952 WATER RIDGE DR 3000 STREET ADDRESS 1.3 STREET ADDRESS FT LAUDERDALE FL 33326 1.4 CITY - ST - ZIP CITY - ST - ZIP Change DELETE ☐ Addition 2.1 TITLE TITLE evinson, Laurie LEVINSON, LAURIE R 22 NAME NAME Some % 1952 WATER RIDGE DR 23 STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 33326 2 4 CITY-ST-ZIP CITY - ST - ZIP Addition DELETE CPD TITLE 31 TITLE rkin, DEBORAH ETKIN, DEBBIE 3 2 NAME NAME C/O 1952 WATER RIDGE DR 3 3 STREET ADDRESS some STREET ADDRESS FT LAUDERDALE FL 33326 3 4. CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE RASSNER, DEBRA 4. 2 NAME PHONZER NAME

CITY-ST-ZIP 14. Ido 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.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADORESS

6.4 CITY - ST - ZIP

5 4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5 1 TITLE

5.2 NAME

61 TITLE

62 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

% 1952 WATER RIDGE DR

FT LAUDERDALE FL 33326

C/O 1952 WATER RIDGE DR

FT LAUDERDALE FL 33326

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