

# 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 # **N10345 (9)**

1. Corporation Name

**NATIONAL COUNCIL OF JEWISH WOMEN - NAPLES/MARCO  
SECTION, INC.**



Principal Place of Business

Mailing Address

% HELEN WEINFELD  
4551 GULF SHORE BOULEVARD NORTH. #805  
NAPLES FL 33940

% HELEN WEINFELD  
4551 GULF SHORE BOULEVARD NORTH. #805  
NAPLES FL 33940

3. Date Incorporated or Qualified  
**07/22/1985**

3a. Date of Last Report  
**03/10/1995**

2. Principal Place of Business

21 C/O Audrey Konwiser  
1325 Marlin Dr  
Suite, Apt. #, etc.

2a. Mailing Address

26 C/O Audrey Konwiser  
1325 Marlin Dr  
Suite, Apt. #, etc.

4. FEI Number

**51-0224801**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

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

City & State

23 **Naples FL**

City & State

28 **Naples FL**

Zip

24 **33962**

Country

25 **USA**

Zip

29 **33962**

Country

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WEINFELD, HELEN  
4551 GULF SHORE BLVD. N.805  
NAPLES FL 33940**

81 Name

**Audrey Konwiser**

82 Street Address (P.O. Box Number is Not Acceptable)

**1325 Marlin Dr**

83

84 City

**Naples**

FL

85 Zip Code

**33962**

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

*Audrey Konwiser*

**Audrey Konwiser, President**

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KATZ, ROBERTA, A	
STREET ADDRESS	5804 CINZANO COURT	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WEINFELD, HELEN	
STREET ADDRESS	4551 GULF SHORE BLVD. N	
CITY-ST-ZIP	NAPLES FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	EPPSTEINER, RUTH	
STREET ADDRESS	99 NORTH ST	
CITY-ST-ZIP	NAPLES FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	KATZ, CLAIRE	
STREET ADDRESS	4241 CHANTELE DR., #103	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Audrey Konwiser	
1.3 STREET ADDRESS	1325 Marlin Dr	
1.4 CITY-ST-ZIP	Naples FL 33962	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Elaine Natkins	
2.3 STREET ADDRESS	4530 Gulfshore Blvd N #132	
2.4 CITY-ST-ZIP	Naples FL 33940	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Helen Weinfeld	
3.3 STREET ADDRESS	4551 Gulf Shore Blvd N #805	
3.4 CITY-ST-ZIP	Naples FL 33940	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Gertrude Meltzer	
4.3 STREET ADDRESS	820 Ketch Dr #7	
4.4 CITY-ST-ZIP	Naples FL 33940	
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 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:

*Gertrude Meltzer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Gertrude Meltzer**  
Treasurer

**3/4/96**

**941 261-3787**

CR2E037 (12/95)