

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 725637 (3)**  
1. Corporation Name  
**GREATER MIAMI SECTION NATIONAL COUNCIL OF JEWISH WOMEN, INC.**



Principal Place of Business <b>12944 W DIXIE HIGHWAY N MIAMI FL 33161</b>	Mailing Address <b>12944 W DIXIE HIGHWAY N MIAMI FL 33161-4810</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/22/1973</b>		3a. Date of Last Report <b>02/09/1996</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>59-6192641</b>		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>BLOOM, ELAINE 20435 NE 20 COURT N. MIAMI BEACH FL 33179</b>				10. Name and Address of New Registered Agent			
				81 Name <b>DANA M. KAUFMAN</b>			
				82 Street Address (P.O. box Number is Not Acceptable) <b>11900 Biscayne Blvd #262</b>			
				83			
				84 City <b>Miami</b>			
				85 Zip Code <b>FL 33181</b>			

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]* (NOTE: Registered Agent signature required when reinstating) DATE **2/25/97**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ARONSON, JOANNE			1.2 NAME			
STREET ADDRESS	12944 WEST DIXIE HWY			1.3 STREET ADDRESS			
CITY-ST-ZIP	N. MIAMI FL 33161			1.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MITRANI, LAURIE			2.2 NAME			
STREET ADDRESS	12944 WEST DIXIE HWY			2.3 STREET ADDRESS			
CITY-ST-ZIP	N. MIAMI FL			2.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LOWENSTEIN, MARCY			3.2 NAME			
STREET ADDRESS	12944 WEST DIXIE HWY			3.3 STREET ADDRESS			
CITY-ST-ZIP	N. MIAMI FL			3.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ZIPPER, ANNETTE			4.2 NAME			
STREET ADDRESS	12944 WEST DIXIE HIGHWAY			4.3 STREET ADDRESS			
CITY-ST-ZIP	N. MIAMI FL			4.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HORWITZ, JANET			5.2 NAME			
STREET ADDRESS	12944 WEST DIXIE HIGHWAY			5.3 STREET ADDRESS			
CITY-ST-ZIP	N. MIAMI FL			5.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BLACK, BARBARA			6.2 NAME			
STREET ADDRESS	12944 W. DIXIE HWY			6.3 STREET ADDRESS			
CITY-ST-ZIP	N. MIAMI FL			6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 *[Signature]*

CR2E037 (9/96)