

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725637

Entity Name: NATIONAL COUNCIL OF JEWISH WOMEN, INC. GREATER
MIAMI SECTION**FILED**
Mar 22, 2016
Secretary of State
CC4451170019**Current Principal Place of Business:**4144 CHASE AVE
MIAMI BEACH, FL 33140**Current Mailing Address:**4144 CHASE AVE
MIAMI BEACH, FL 33140**FEI Number: 59-6192641****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**SOCOL, ROB
20810 W. DIXIE HIGHWAY
MIAMI, FL 33180 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title IMMEDIATE PAST PRESIDENT
Name SOCKEL-STONE, BONNIE
Address 13155 KEYSTONE TERRACE
City-State-Zip: N. MIAMI FL 33181

Title PRESIDENT
Name STRAUS, ROBIN
Address 4000 TOWERSIDE TERRACE, #2202
City-State-Zip: MIAMI FL 33138

Title VP
Name ROSENFELD, LESLIE
Address 5750 ALTON ROAD
City-State-Zip: MIAMI BEACH FL 33140

Title DIR
Name SHARLANE, PACKAR
Address 1210 99TH ST
City-State-Zip: BAY HARBOR ISLANDS FL 33154

Title TREA
Name WARNER, IRENE
Address 2 GROVE ISLE DR. #805
City-State-Zip: MIAMI FL 33133

Title SECRETARY
Name GLADSTONE, NINA
Address 1351 98TH STREET
City-State-Zip: BAY HARBOR ISLANDS FL 33154

Title VP
Name NARSON, COREY
Address 7820 NOREMAC AVENUE
City-State-Zip: MIAMI BEACH FL 33141

Title DIRECTOR
Name COHEN, MONI
Address 880 LAKEVIEW DRIVE
City-State-Zip: MIAMI BEACH FL 33140

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: IRENE WARNER**TREASURER****03/22/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name DUBOFF, CARYN
Address 1271 101ST STREET
City-State-Zip: BAY HARBOR ISLANDS FL 33154

Title DIRECTOR
Name HARTLEY, ANDREA
Address 880 NE 69TH STREET, #12M
City-State-Zip: MIAMI FL 33138

Title DIRECTOR
Name GAVCOVICH, LOIS
Address 1251 97TH STREET
City-State-Zip: BAY HARBOR ISLANDS FL 33154

Title DIRECTOR
Name PACKAR, JACQUELYN
Address 1210 99TH STREET
City-State-Zip: BAY HARBOR ISLANDS FL 33154