

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000007520

Entity Name: THE JEWISH WOMEN'S FOUNDATION OF THE GREATER PALM BEACHES, INC.**FILED**
Apr 08, 2015
Secretary of State
CC0502972041**Current Principal Place of Business:**101 NORTHPOINT PARKWAY
WEST PALM BEACH, FL 33407**Current Mailing Address:**101 NORTHPOINT PARKWAY
WEST PALM BEACH, FL 33407 US**FEI Number: 47-1611411****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**LUSTBADER, PAULA
101 NORTHPOINT PARKWAY
WEST PALM BEACH, FL 33406 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	D
Name	ARNEDO, MAITE
Address	777 S. FLAGLER DRIVE., SUITE 1200E
City-State-Zip:	WEST PALM BEACH FL 33401

Title	D
Name	KREVER, NINI
Address	6 HUNTLY CIRCLE
City-State-Zip:	PALM BEACH GARDEN FL 33418

Title	D
Name	SACKS, KRISTEN
Address	6438 GARDEN COURT
City-State-Zip:	WEST PALM BEACH FL 33411

Title	D
Name	FINE, GLORIA
Address	8057 CRANES POINTE WAY
City-State-Zip:	WEST PALM BEACH FL 33412

Title	D
Name	LUSTBADER, PAULA
Address	2580 S. OCEAN BLVD., #2B2
City-State-Zip:	PALM BEACH FL 33418

Title	D
Name	SILVERMAN, HOPE
Address	112 PALM POINT CIRCLE, #C
City-State-Zip:	PALM BEACH GARDENS FL 33418

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: PAULA LUSTBADER**PRESIDENT & BOARD
CHAIR****04/08/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date