

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # 708762

1. Entity Name
**HOLLYWOOD, FLORIDA SECTION, NATIONAL COUNCIL
OF JEWISH WOMEN, INC.**



Principal Place of Business

**3981 N 32 TERR
HOLLYWOOD, FL 33021**

Mailing Address

**3771 N PARK ROAD
HOLLYWOOD, FL 33021 US**



04302008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1697661

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SCHWARTZ, ELAINE J
4601 SHERIDAN ST
SUITE 208
HOLLYWOOD, FL 33021**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

00000000000000000000

06/02/08 00002 015 61.25

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
HOUSMAN, FRANCES
3771 N. PARK RD.
HOLLYWOOD, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
YACHTER, MILLIE
21451 HIGHLAND LAKES BLVD
N. MIAMI BEACH, FL 33179**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SOBEL, ELEANOR
3700 N. 54TH AVENUE
HOLLYWOOD, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
SCHWARTZ, ELAINE
4962 SARAZEN DRIVE
HOLLYWOOD, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
ROSENDORF, HARRIET
3731 OTTAWA LANE
COOPER CITY, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
WIENER, JUDY
3981 N. 32 TERR.
HOLLYWOOD, FL 33021**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/2008

Date

954-966-3460

Daytime Phone #