

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 713211 (1)

1. Corporation Name

**JACKSONVILLE SECTION, NATIONAL COUNCIL OF JEWISH
WOMEN, INC.**

Principal Place of Business

**2834 SCOTT MILLER
JACKSONVILLE FL 32257**

Mailing Address

**2834 SCOTT MILLER
JACKSONVILLE FL 32257
US**

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 15 PM 3:20

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/17/1967

3a. Date of Last Report

03/03/1994

4. FBI Number

59-6192642

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**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

**\$68.75 Supplemental
Fee Not Required**

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

25

30

9. Name and Address of Current Registered Agent

**MEISEL, JANICE
2834 SCOTT MILL TERR.
JACKSONVILLE FL 32257**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
P	ROSNER, ELLEN	8122 BAMIA BLANCA ST.	JACKSONVILLE FL
V	ILENE LEVENSON	9453 KELS RD.	JACKSONVILLE FL
D	TISCHLER, MARION	2119 S. MERCER CIR.	JACKSONVILLE FL
D	GRAFF-RADFORD, MICHELLE	8560 HOLLYRIDGE RD.	JACKSONVILLE FL
D	EINSTEIN, GLORIA	2837 BRAEMAR DR.	JACKSONVILLE FL
T	MEISEL	2434 SCOTT MILL TER.	JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
P	YEGELWEL, ARLENE	2953 MANDARIN HOLLOW DRIVE	JACKSONVILLE FL 32257	☒	☐
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	☐	☐
D	MORRIS, ROBIN	9409 WOODHAVEN ROAD	JACKSONVILLE FL 32257	☒	☐
D	SHENKMAN, JUNE	9681 TRENDLE LANE S	JACKSONVILLE FL 32257	☒	☐
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	☐	☐
T	MEISEL, JANICE	2834 SCOTT MILL TER.	JACKSONVILLE FL 32257	☒	☐

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 110.07(3)(b), 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:

Janice Meisel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANICE E. MEISEL

2/14/95

737-9199

(Date)

(Telephone)