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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name 713211

(1)

JACKSONVILLE SECTION, NATIONAL COUNCIL OF JEWISH WOMEN, INC.

Principal Place of Business 2834 SCOTT MILLTER

Mailing Address

2834 SCOTT MILLTER



JACKSONVILLE FL 32257		JACKSONVILLE FL 32257					
		US			3. Date Incorporated or Qualified 08/17/1967	3a. Date of La 02/15	st Report /1995
2. Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number		Applied For
21 11512	DANDELION WAY	26 11512 DANDELION WAY Suite, Apt. #, etc.		59-6192642		Not Applicable	
	, etc.			5. Certificate of Status Desired	1 1 7	75 Additional	
22		27			Fe Fe	e Required	
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	1 1	.00 May Be ded to Fees	
JACKSONVILLE FL Country		Zip Country		This corporation has liability for in:			
24 3222	· · · · · · · · · · · · · · · · · · ·	· · · · · ·			' ' =	tangicie tax tinder I Yes ☐ No	8. 199.032,
24 3222	9. Name and Address of Current		<u> </u>	UVAL	10. Name and Address of New Re		
				81 Name			
MEISEL, JANICE				On Street A	SAME	<u> </u>	
2834 SCOTT MILL TERR.				82 Street Address (P.O. Box Number is Not Acceptable)			
JACKSONVILL FL 32257				83 11512 DANDELION WAY			
0,101100	THE TE GLEOT		-	04 03			Zip Code
				84 City	TUOONUTT TO		,
11. Pursuant to	o the provisions of Sections 617.0502	and 617.1508, Florida Statutes,	the abov	re named co	poration submits this statement for the purp	ose o changing it	s registered office
	ed agent, or both, in the State of Florid h, and accept the obligations of, Sectic		by the c	orporation's b	poard of directors. I hereby accept the appoi	ntmert as register	eo agent. i am
SIGNATURE _	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered :	Agent signature re:	quired when reins aling)	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE	CERS AND DIREC	TORS IN 12
TITLE	Р	DELETE	1.1 [1]	LE		☐ Chang	ge Addition
NAME	YEGELWEL, ARLENE		1.2 NA	ME			
STREET ADDRESS	2953 MANDARIN HOLLOW DF	RIVE	1.3 \$TI	REET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL		1.4 0 (	Y-ST-ZIP		<del></del>	
TITLE	V	DELETE	21 ] [	LE		☐ Chang	ge 🔲 Addition
NAME	ILENE LEVENSON		2 2 NA	ME			
STREET ADDRESS	9453 KELLS RD		2351	REFT ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL		2. 4 CI	TY-ST-ZIP			
TITLE	D	DELETE		LE		Chang	ge 🛗 Addition
NAME	Morris, Robin		3.2 NA	ME			
STREET ADDRESS	9409 WOODHAVEN ROAD		3.3 S1	REE1 ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			TY-ST-ZIP			Fil Admir.
TITLE	D	☐ DELETE	4.1 TH			☐ Chanç	ge Addition
NAME	SHENKMAN, JUNE		4. 2 N/				
STREET ADDRESS	9681 TRENDLE LANE S			REET ADDRESS			
CITY-S1-ZIP	JACKSONVILLE FL	Destre		TY-ST-ZIP		Chanc	ge Addition
TITLE	0	DELETE	5 1 TII			☐ cuang	te Monition
NAME	EINSTEIN, GLORIA		5 2 NA				
STREET ADDRESS	2937 BRAEMAR DR.			REET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL	Pocitic		TY-ST-ZIP		Chang	ge
TITLE	1	DELETE	6.1 TII		Т	3At cuant	ac Munition
NAME	MEISEL, JANICE		6.2 NA		MEISEL, JANICE	<b>ብ እ ኒ</b>	
STREET ADDRESS	2834 SCOTT MILL TERRACE		1	REET ADDRESS	11512 DANDELION V	YA I	
CITY-ST-ZIP	JACKSONVILLE FL	dels thate fillings in a set of section for the	64 CI	TY-ST-ZIP	JACKSONVILLE FL lify for the exemption stated in Section 119.0	17/31/k) Florida St	atutes I further
14. I do hereb	y certify that the information supplied v	vius ming is voluntarily turnish	iao and	uoes noi qua	any for the exemption stated in account 119.0	zi jujinji i kunua Ok	accipa. I full UIOI

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 it 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:

3 13 96 904 262 9911

CR2E037 (12/95)