


FILE NOW: FILING FEE IS \$61.25

FILED
Jul 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **713211** (1)
1. Corporation Name
JACKSONVILLE SECTION, NATIONAL COUNCIL OF JEWISH WOMEN, INC.

Principal Place of Business 11512 DANDELION WAY JACKSONVILLE FL 32223 US	Mailing Address 11512 DANDELION WAY JACKSONVILLE FL 32223-7401 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country		3. Date Incorporated or Qualified 08/17/1967		3a. Date of Last Report 03/20/1996	
4. FEI Number 59-6192642		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

9. Name and Address of Current Registered Agent MEISEL, JANICE 11512 DANDELION WAY JACKSONVILLE FL 32223				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			
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	P	NAME	YEGELWEL, ARLENE	1.1 TITLE	P	NAME	ILENE LEVENSON
STREET ADDRESS	2953 MANDARIN HOLLOW DRIVE	CITY-ST-ZIP	JACKSONVILLE FL	1.2 NAME		1.3 STREET ADDRESS	9453 KELLS RD
				1.4 CITY-ST-ZIP	JACKSONVILLE FL 32257		
TITLE	V	NAME	ILENE LEVENSON	2.1 TITLE		2.2 NAME	JODI LEACH
STREET ADDRESS	9453 KELLS RD.	CITY-ST-ZIP	JACKSONVILLE FL	2.3 STREET ADDRESS	2950 HERITAGE TRAIL		
				2.4 CITY-ST-ZIP	JACKSONVILLE FL 32257		
TITLE	D	NAME	MORRIS, ROBIN	3.1 TITLE		3.2 NAME	ROBIN MORRIS
STREET ADDRESS	9409 WOODHAVEN ROAD	CITY-ST-ZIP	JACKSONVILLE FL	3.3 STREET ADDRESS	9409 WOODHAVEN ROAD		
				3.4 CITY-ST-ZIP	JACKSONVILLE FL 32257		
TITLE	D	NAME	SHENKMAN, JUNE	4.1 TITLE		4.2 NAME	JUNE BELL
STREET ADDRESS	9681 TRENDLE LANE S	CITY-ST-ZIP	JACKSONVILLE FL	4.3 STREET ADDRESS	11001 ST AUGUSTINE RD # 901		
				4.4 CITY-ST-ZIP	JACKSONVILLE FL 32257		
TITLE	D	NAME	EINSTEIN, GLORIA	5.1 TITLE		5.2 NAME	GLORIA EINSTEIN
STREET ADDRESS	2937 BRAEMAR DR.	CITY-ST-ZIP	JACKSONVILLE FL	5.3 STREET ADDRESS	2937 BRAEMAR DR		
				5.4 CITY-ST-ZIP	JACKSONVILLE FL 32257		
TITLE	T	NAME	MEISEL, JANICE	6.1 TITLE		6.2 NAME	JANICE MEISEL
STREET ADDRESS	11512 DANDELION WAY	CITY-ST-ZIP	JACKSONVILLE FL	6.3 STREET ADDRESS			
				6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in s. 617.0503, 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* 3/11/97 904 262 9911

CR2E037 (9/96)