

FILE NOW: FILING FEE IS \$61.25

FILED
May 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Moynihan 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 US-
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2. Principal Place of Business 21 5093 Bradford Rd Suite, Apt. #, etc.	2a. Mailing Address 26 5093 Bradford Rd Suite, Apt. #, etc.
22 City & State 23 Jacksonville FL	27 City & State 28 Jacksonville FL
24 Zip 32217	25 County 29 Duval
26 Zip 32217	27 County 30 Duval

3. Date Incorporated or Qualified 08/17/1967
4. FEI Number 58-6192642
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent MEISEL, JANICE 11512 DANDELION WAY JACKSONVILLE FL 32223
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10. Name and Address of New Registered Agent 81 Name Ellen Rubens 82 Street Address (P.O. Box Number is Not Acceptable) 5093 Bradford Rd 83 84 City Jacksonville FL 85 Zip Code 32217

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 Ellen J. Rubens, President DATE 4/20/98

12. OFFICERS AND DIRECTORS	
TITLE P	<input checked="" type="checkbox"/> DELETE
NAME LEVENSON, ILENE	
STREET ADDRESS 9453 KELLS RD	
CITY-ST-ZIP JACKSONVILLE FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME LEACH, JODI	
STREET ADDRESS 2950 HERITAGE TRAIL	
CITY-ST-ZIP JACKSONVILLE FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME MORRIS, ROBIN	
STREET ADDRESS 9409 WOODHAVEN RD	
CITY-ST-ZIP JACKSONVILLE FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME BELL, JUNE	
STREET ADDRESS 11001 ST AUGUSTINE RD #801	
CITY-ST-ZIP JACKSONVILLE FL	
TITLE D	<input type="checkbox"/> DELETE
NAME EINSTEIN, GLORIA	
STREET ADDRESS 2937 BRAEMAR DR.	
CITY-ST-ZIP JACKSONVILLE FL	
TITLE T	<input checked="" type="checkbox"/> DELETE
NAME MEISEL, JANICE	
STREET ADDRESS 11512 DANDELION WAY	
CITY-ST-ZIP JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME President Rubens, Ellen	
1.3 STREET ADDRESS 5093 Bradford Rd	
1.4 CITY-ST-ZIP Jacksonville FL 32217	
2.1 TITLE Membership V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Shapiro-Moser, Juli	
2.3 STREET ADDRESS 7901 Baymeadows Cir. E. #349	
2.4 CITY-ST-ZIP Jacksonville, FL 32256	
3.1 TITLE Community Service V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME Brinn, Beverly	
3.3 STREET ADDRESS 10446 Scott Hill Rd.	
3.4 CITY-ST-ZIP Jacksonville, FL 32257	
4.1 TITLE Fundraising V.P.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME Meisel, Janice	
4.3 STREET ADDRESS 11512 Dandelion Way	
4.4 CITY-ST-ZIP Jacksonville, FL 32223	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME Treasurer Tolson, Diane	
6.3 STREET ADDRESS 2510 Spreading Oaks Ln.	
6.4 CITY-ST-ZIP Jacksonville, FL 32223	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Diane R. Tolson DATE 4/5/98

CR2E037 (1097)