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**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90138 001 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 713211**

1. Corporation Name

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

Principal Place of Business

5093 BRADFORD RD  
JACKSONVILLE FL 32217  
US

Mailing Address

5093 BRADFORD RD  
JACKSONVILLE FL 32217  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

08/17/1967

4. FEI 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

9. Name and Address of Current Registered Agent

**RUBENS, ELLEN  
5093 BRADFORD RD  
JACKSONVILLE FL 32217**

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE

NAME **RUBENS, ELLEN**  
STREET ADDRESS **5093 BRADFORD RD**  
CITY-ST-ZIP **JACKSONVILLE FL 32217**

TITLE **VP** ☐ DELETE

NAME **SHAPIRO-MOSER, JULI**  
STREET ADDRESS **7901 BAYMEADOWS CIR E, #349**  
CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE **VP** ☐ DELETE

NAME **BRINN, BEVERLY**  
STREET ADDRESS **10446 SCOTT MILL RD**  
CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE **D** ☐ DELETE

NAME **MEISEL, JANICE**  
STREET ADDRESS **11512 DANDELION WAY**  
CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE **D** ☐ DELETE

NAME **EINSTEIN, GLORIA**  
STREET ADDRESS **2937 BRAEMAR DR.**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **TD** ☒ DELETE

NAME **JOLSON, DIANE**  
STREET ADDRESS **2510 SPREADING OAKS LN**  
CITY-ST-ZIP **JACKSONVILLE FL 32223**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

*delete effective  
6/1/99*

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, with all other like empowered.

SIGNATURE:

**SIGNATURE OF REGISTERED AGENT**

**4/27/99**

**(904) 268-3552**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)