**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.

Country

Principal Place of Busine	S
5093. BRADFORD RD JACKSONVILLE FL 32217	

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

23

Zip

Mailing Address

2a. Mailing Address

City & State

Zip

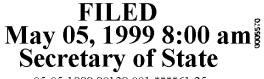
Suite, Apt. #, etc.

5093 BRADFORD RD JACKSONVILLE FL 32217

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

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

08/17/1967

59-6192642

4. FEI Number

24	25		29	30	ı]		Trust Fund Contrib	oution	Added to Fees		
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent					
		•			81	Name					
RUBENS, ELLEN				82	Ctront	Address (P.O. Box Number is	Not Assentable)				
FAND PRADECTOR OF				[ [	Sugar	Address (F.O. Box radiiber is	Not Acceptable;		Ì		
5093 BRADFORD RD				83							
JACKSON	WILL FL 32217		•								
	\$28 D				84	City		F	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	Clanatum broad or ad	nted name of registered agent ar	od fitte if analicable	(NOTE: Pagie	teend Acces	t cionature e	required when reinstating)	DATE			
12.	Signature, typed or pri	OFFICERS AND			13.	t arginoturo i	ADDITIONS/CHANG		AND DIRECT	ORS IN 12	
TITLE	DP	017100107010	DELE		1.1 TITLE		1		Change	Addition	
NAME		EM			1.2 NAME						
	RUBENS, ELL	.*			· <del>-</del>					1	
STREET ADDRESS	1 0000 Dia Di				1.3 STREET						
CITY-ST-ZIP	JACKSONVILI	LE FL 3221/	□ DELE		I.4 CITY-ST	-ZIP			Change	Addition	
TITLE	VP		C Dece	i i	2.1 TITLE				Change	☐ Addition	
NAME	Shapiro-Mo	•		2	2.2 NAME					ĺ	
STREET ADDRESS	,	adows CIR e, #349	)	2	2.3 STREET	ADDRESS				Ţ	
CITY-ST-ZIP	JACKSONVILI	LE FL 32256			2. 4 CITY-S	r-ZIP					
TILE	VP		☐ DELE	TE 3	3.1 TITLE				Change	Addition	
NAME	BRINN, BEVE	RLY		3	3.2 NAME		i i			1	
STREET ADDRESS	10446 SCOTI	r mill rd		3	3.3 STREET	ADDRESS				1	
CITY-ST-ZIP	JACKSONVILI			3	.4, CITY-S1	r-21P					
TITLE	D		☐ DËLE	TE 4	I.1 TITLE				Change	Addition	
NAME	MEISEL, JANI	CE		4	, 2 NAME						
STREET ADDRESS	<b></b>			4	.3 STREET	ADDRESS				ł	
CITY-ST-ZIP	<b>JACKSONVILL</b>			4	4 CITY-ST	-zip				1	
TITLE	D		☐ DELE	TE 5	S.1 TITLE			,	☐ Change	☐ Addition	
NAME :	EINSTEIN, GL	ORIA		5	.2 NAME					1	
STREET ADDRESS				5	3.3 STREET	ADDRESS		•			
CITY-ST-ZIP	JACKSONVILL			5	.4 CITY-ST	-ZIP				1	
TITLE	TD	<u></u>	DELE		1 TITLE		2 -2- 10 1		Change	Addition	
NAME	JOLSON, DIA	ME	<b>7</b> 7	- 6	2 NAME	Ì	delete eff	wwe			
100				I -	3 STREET	ADDDESS I	- 10	6/100			
STREET ADDRESS	ZO IU SPKEAL	DING OAKS LN		0.	JINEEI	~		71177		- (	

Country

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.

6.4 CITY-ST-ZIP

JACKSONVILLE FL 32223

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Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable