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Mar 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 725637 (3)

1. Corporation Name

GREATER MIAMI SECTION NATIONAL COUNCIL OF JEWISH WOMEN, INC.

Principal Place of Business	Mailing Address
12944 W DIXIE HIGHWAY N MIAMI FL 33161	12944 W DIXIE HIGHWAY N MIAMI FL 33161-4810

3. Date Incorporated or Qualified: 02/22/1973
3a. Date of Last Report: 02/09/1996

2. Principal Place of Business — 21: Suite, Apt. #, etc. — 22: City & State — 23: Zip — 24: Country — 25:

2a. Mailing Address — 26: Suite, Apt. #, etc. — 27: City & State — 28: Zip — 29: Country — 30:

4. FEI Number: 59-6192641 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BLOOM, ELAINE
20435 NE 20 COURT
N. MIAMI BEACH FL 33179

10. Name and Address of New Registered Agent

81 Name: DANA M. KAUFMAN
82 Street Address (P.O. Box Number is Not Acceptable): 11900 Biscayne Blvd #262
83
84 City: Miami FL 85 Zip Code: 33181

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: _____ 2/25/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ARONSON, JOANNE		1.2 NAME		
STREET ADDRESS	12944 WEST DIXIE HWY		1.3 STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI FL 33161		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MITRANI, LAURIE		2.2 NAME		
STREET ADDRESS	12944 WEST DIXIE HWY		2.3 STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI FL		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LOWENSTEIN, MARCY		3.2 NAME		
STREET ADDRESS	12944 WEST DIXIE HWY		3.3 STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI FL		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ZIPPER, ANNETTE		4.2 NAME		
STREET ADDRESS	12944 WEST DIXIE HIGHWAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI FL		4.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HORWITZ, JANET		5.2 NAME		
STREET ADDRESS	12944 WEST DIXIE HIGHWAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI FL		5.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BLACK, BARBARA		6.2 NAME		
STREET ADDRESS	12944 W. DIXIE HWY		6.3 STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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: _____