


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90047 001 ****61.25

03-31-2008 90047 002 *****8.75

DOCUMENT # 725637 1. Entity Name GREATER MIAMI SECTION NATIONAL COUNCIL OF JEWISH WOMEN, INC.					
Principal Place of Business 4221 PINE TREE DR 4144 Chase Ave MIAMI BCH, FL 33140				Mailing Address 4221 PINE TREE DR 4144 Chase Ave MIAMI BCH, FL 33140	
2. Principal Place of Business - No P.O. Box # 4144 Chase Avenue				3. Mailing Address 4144 Chase Avenue	
Suite, Apt. #, etc.				Suite, Apt. #, etc.	
City & State Miami Beach FL				City & State Miami Beach FL	
Zip 33140		Country USA		4. FEI Number 59-6192641	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SOCOL, ROB 20810 W. DIXIE HIGHWAY MIAMI, FL 33180				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TAVLIN SWARTZ, JILL 6081 N. BAY ROAD MIAMI BCH, FL 33140 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Aissa Stein 115 W. San Marino Dr. Miami Beach FL 33139 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SINGER, BETSY 9240 W. BAY HARBOR DRIVE #3C BAY HARBOUR ISLANDS, FL 33154 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	President-Elect Fran Levey 405 Fairway Dr. Miami Beach FL 33141 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROTHLEIN, ALANA 607 W. 47 STREET MIAMI BCH, FL 33140 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEASE, JUDY 4501 LAKE ROAD MIAMI BCH, FL 33137 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MAZE, CANDICE 6150 S.W. 85 STREET MIAMI, FL 33143 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Betsy Singer</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				3/27/08 <small>Date</small>	
305 538 4744 <small>Daytime Phone #</small>					