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Jan 29 1996 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 765515 (2)

1. Corporation Name

NATIONAL COUNCIL OF JEWISH WOMEN, INC. PEMBROKE
PINES SECTION

Principal Place of Business

Mailing Address

PEMBROKE PINES SECTION
811 S. HOLLYBROOK DR. APT. 306
PEMBROKE PINES FL 33025
US

PEMBROKE PINES SECTION
811 S. HOLLYBROOK DR. APT. 306
PEMBROKE PINES FL 33025
US

3. Date Incorporated or Qualified

10/22/1982

3a. Date of Last Report

01/25/1995

4. FEI Number

23-7433823

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GLATMAN, GERTRUDE
811 S. HOLLYBROOK DR. APT. 306
PEMBROKE PINES FL 33025

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
VD
GLATMAN, GERTRUDE
811 S. HOLLYBROOK DR.
PEMBROKE PINES FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
PD
KLEINMAN, ELEANOR
9423 S. HOLLYBROOK LK DR
PEMBROKE PINES FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
PD
BALMUTH, SHARI
8971 S HOLLYBROOK BLVD
PEMBROKE PINES FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
VD
MARCUS, ESTHER
9200 N. HOLLYBROOK LK DR
PEMBROKE PINES FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELEANOR KLEINMAN

Date

1/21/96

Daytime Phone #

205-431-6482

CR2E037 (12/95)