## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT** 



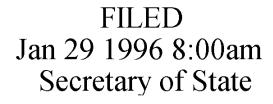
FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 765515

(2)

NATIONAL COUNCIL OF JEWISH WOMEN, INC. PEMBROKE PINES SECTION  $% \left( 1,0\right) =0$ 





Principal Place of Business Mailing Address						- 1 160 ki iqrid bildi		
PEMBROKE PINES SECTION         PEMBROKE PINES SECTION           811 S. HOLLYBROOK DR. APT. 306         811 S. HOLLYBROOK DR.           PEMBROKE PINES FL 33025         PEMBROKE PINES FL 33025			R. APT. 3	06		-		
US		US		<ol> <li>Date Incorporated or Qualified 10/22/1982</li> </ol>	3a. Date of Las 01/25/			
2. Principal Place of Business 21		2a. Mailing Address 26			4. FEI Number 23-7433823	·} · · · · · · · · · · · · · · · · · ·		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required			
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	S5.00 May Be Added to Fees			
Zip <b>24</b>	Country 25	7m	Cour	ntry	This corporation has liability to Florida Statutes	or intangible tax under t	s. 199.032,	
<u> </u>	9. Name and Address of Current	_ll	1301		10. Name and Address of New			
	<u> </u>			81 Name		- Indiana indiana		
01.47344	N OFFICIAL						. <u></u>	
	N, GERTRUDE			82 Streot	Address (P.O. Box Number Is Not Accept	able)		
	HOLLYBROOK DR. APT. 306		}	83				
PEMBRO	OKE PINES FL 33025							
				84 City		FL 85 2	ip Code	
or register	to the provisions of Sections 617.0502 a od agent, or both, in the State of Florida th, and accept the obligations of, Section	i. Such change was authorize	ad by the c	ve-named corporation's	orporation submits this statement for the p s board of directors. I hereby accept the ap	purpose of changing its	registered office d agent. I am	
SIGNATURE	Signations, typed or predict ourse of requiress apend on	kithin raqadi ədəbi (NÖ	11 : Flogistered	Agent signature	required when reinstating)	DATE		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO O	FICERS AND DIRECT	ORS IN 12	
TITLE	VD	Derete	1.1 (1)	LE		☐ Change	Addition	
NAME	GLATMAN, GERTRUDE		1.2 NA	ME				
STREET ADDRESS	811 S. HOLLYBROOK DR.	1.3 \$		REET ADDRESS				
CITY - ST - ZiP	PEMBROKE PINES FL			TY-ST-ZIP				
TITLE	PD	□DELETE 2.1 TI		rle		☐ Change	Addition	
NAME	KLEINMAN, ELEANOR		2.2 NA	ME				
STREET ADDRESS	9423 S. HOLLYBROOK LK DR		2.3 ST	REFT ADDRESS	,			
CITY-ST-ZIP	PEMBROKE PINES FL		2 4 C	ITY-ST-ZIP				
TITLE	PD	☐ DELE1E	3 1 Til	rLE		Change	Addition	
NAME I	BALMUTH, SHARI		3 2 NA	ME				
STREET ADDRESS	8971 S HOLLYBROOK BLVD		3.3 ST	REET ADDRESS				
CITY - ST - ZIP	PEMBROKE PINES FL		3.4. C	ITY-ST-ZIP_				
TITLE	VD	DELETE	4.1 TO			Change	☐ Addition	
NAME	MARCUS, ESTHER		4. 2 N					
STREET ADDRESS	9200 N. HOLLYBROOK LK DR			REET ADDRESS				
CITY-ST-ZIP	PEMBROKE PINES FL			TY-ST-ZIP				
TITLE		DELETE	5.1 TO			Change	☐ Addition	
NAME			5 2 NA					
STREET ADDRESS				REET ADDRESS				
CITY-ST-ZIP		FIBULT		TY-ST-ZIP				
TITLE		DELETE	61717			Change	☐ Addition	
NAME			6.2 NA					
STREET ADDRESS				REET ADDRESS				
CITY - ST - ZIP			6.4 CI	TY-ST-ZIP				

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)(x). 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 convoration or the receiver or trustee repowered 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.