## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(9)

THE NATIONAL COUNCIL OF JEWISH WOMEN, TAMPA SECT

## **FILED** Jan 22 1998 8:00am Secretary of State

ION, INC.					
Principal Place of Business Mailing Address					
4209 EUCLID AVE. 4209 EUCLID AVE.					3. Date Incorporated or Qualified
TAMPA FL 33629-8423 TAMPA FL 33629-8423					07/20/1983
us us					4. FEI Number Applied For
					59-6192644 Not Applicable
2. Principal Place of Business 2s. Mailing Address					5. Certificate of Status Desired S8.75 Additional
21 26					Fee Required
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution  Added to Fees
City & State City & State					7. Is this nonprofit corporation a homeowners association?
Zip Country		Zip Country		rt. r	☐ Yes 🛛 No
24	25	29	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes X No
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
				1 Name	9
BERNSTEIN, FRANCES R			8:	2 Street	t Address (P.O. Box Number is Not Acceptable)
4209 EUCLID AVE TAMPA FL 33629			8:	3	
IAMEA	-L 33029				
			8		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.					
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		13.		.ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	Р	<b>⋈</b> DELETE	1.1 TITLE		PRESIDENT Change Addition
NAME	ROSENBERG, ROBIN		1.2 NAME		JOSEPHINE COHEN
STREET ADDRESS	ss 1001 W. CORAL 1.3		1.3 STREE	T ADDRESS	15508 MORNING DRIVE
CITY-ST-ZIP	TAMPA FL		1.4 C(TY-	ST-ZIP	LUTZ, FLORIDA 33549
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ROSENBLATT, DORIS		2.2 NAME		
STREET ADDRESS	654 RIVIERA DR.		2.3 STREE	T ADDRESS	e ta
CITY-ST-ZIP	TAMPA FL		2. 4 CITY	-ST-ZIP	
TTTLE	D	☐ DELETE	3.1 TITLE		Change Addition
NAME	gould, zoe		3.2 NAME		
STREET ADDRESS	5010 BAYSHORE BLVD. #5		3.3 STREE	T ADDRESS	
CITY-ST-ZIP	TAMPA FL		3.4. CITY	-ST-ZIP	
TITLE	Ď	☐ DELETE	4.1 TITLE		Change Addition
NAME	COHEN, BETTY		4, 2 NAMI	•	
STREET ADDRESS	2623 N. DUNDEE		4.3 STREE	T ADDRESS	
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP		
TITLE	Ť	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BERNSTEIN, FRANCES R		5.2 NAME		
STREET ADDRESS	4209 EUCLID AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		5.4 CITY-	ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREE	T ADDRESS	1
CITY-ST-ZIP			6.4 CITY -		
14 Ingrabus	artifu that the information aunalical wit	h this filing doos not avalify fo	or too over	ation state	ted in Continu 110 07/21(i) Elevide Ctatutes I further cortifu that the information

quainy for the exemption stated in Section 119.07(S)(t), Horida Statutes. I further certify that the informatio and accurate and that my signature shall have the same legal effect as if made under oath; that I am an vered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in

813-831-1612