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NONPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 769478

1. Corporation Name

THE NATIONAL COUNCIL OF JEWISH WOMEN, TAMPA SECTION, INC.

Principal Place of Business

4209 EUCLID AVE.
TAMPA FL 33629-8423
US

Mailing Address

4209 EUCLID AVE.
TAMPA FL 33629-8423
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

07/20/1983

4. FEI Number

59-6192644

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

BERNSTEIN, FRANCES R
4209 EUCLID AVE
TAMPA FL 33629

10. Name and Address of New Registered Agent

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

TITLE P ☒ DELETENAME ROSENBERG, ROBIN
STREET ADDRESS 1001 W. CORAL
CITY-ST-ZIP TAMPA FLTITLE D ☐ DELETENAME ROSENBLATT, DORIS
STREET ADDRESS 654 RIVIERA DR.
CITY-ST-ZIP TAMPA FLTITLE D ☐ DELETENAME GOULD, ZOE
STREET ADDRESS 5010 BAYSHORE BLVD. #5
CITY-ST-ZIP TAMPA FLTITLE D ☐ DELETENAME COHEN, BETTY
STREET ADDRESS 2623 N. DUNDEE
CITY-ST-ZIP TAMPA FLTITLE T ☐ DELETENAME BERNSTEIN, FRANCES R
STREET ADDRESS 4209 EUCLID AVE
CITY-ST-ZIP TAMPA FLTITLE P ☐ DELETENAME COHEN, JOSEPHINE
STREET ADDRESS 15508 MORNING DR
CITY-ST-ZIP LUTZ FL 33549

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: FRANCES R. BERNSTEIN, TREASURER
1/21/99 813-831-1612
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)