

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2005 8:00 am
Secretary of State

01-11-2005 90010 026 ****61.25

DOCUMENT # 769478

1. Entity 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**



01032005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-6192644	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BERNSTEIN, FRANCES R
4209 EUCLID AVE
TAMPA, FL 33629**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ROSENBERG, ROBIN
STREET ADDRESS	1001 W. CORAL
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	D
NAME	ROSENBLATT, DORIS
STREET ADDRESS	654 RIVIERA DR.
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	D
NAME	COHEN, JOSEPHINE
STREET ADDRESS	15508 MORNING DR
CITY-ST-ZIP	LUTZ, FL 33549
TITLE	D
NAME	COHEN, BETTY
STREET ADDRESS	19213 BLOUNT RD
CITY-ST-ZIP	LUTZ, FL 33549
TITLE	T
NAME	BERNSTEIN, FRANCES R
STREET ADDRESS	4209 EUCLID AVE
CITY-ST-ZIP	TAMPA, FL
TITLE	D
NAME	MINKOW, FLORENCE
STREET ADDRESS	3609 WATROUS AVENUE
CITY-ST-ZIP	TAMPA, FL 33629

*MOVED OUT OF
STATE - DELETE*

**DO NOT WRITE
IN THIS SPACE**

12. 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 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: *FRANCES R. BERNSTEIN* *Frances R. Bernstein, Treasurer 1-4-05 813-831-1612*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #