

FILED
Jun 05, 2006 8:00 am
Secretary of State


06-05-2006 90146 009 ****70.00

2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

50020592



01102006 Chg-NP CR2E037 (11/05)

DOCUMENT # F99000005044					
1. Entity Name WOMEN'S AMERICAN ORT, INC.					
Principal Place of Business 250 PARK AVENUE SOUTH NEW YORK, NY 10003			Mailing Address 250 PARK AVENUE SOUTH NEW YORK, NY 10003		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 13-5562424	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAMMER, DEBBIE 23257 STATE ROAD 7, SUITE 201 BOCA RATON, FL 33428				7. Name and Address of New Registered Agent Name <u>Annette Israel</u> Street Address (P.O. Box Number is Not Acceptable) <u>23257 State Rd 7 Suite 201</u> City <u>Boca Raton</u> FL Zip Code <u>33428</u>	
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 <u>[Signature]</u> (NOTE: Registered Agent signature required when reinstating) DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
Filing Fee is \$81.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to: Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DOF PECTOR, FRANCINE 43 KALDA LANE PLAINVIEW, NY 11803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MENIKOFF, JUDITH 3 WILLOWICK CIRCLE HOUSTON, TX 77024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VERMUT, ROZ 11 BIRCHWOOD PARK CRESCENT JERICHO, NY 11753 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FVP FAGEL, SHELLY 790 E GARTNER ROAD NAPERVILLE, IL 60540 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED GREEN, INA 250 PARK AVENUE SOUTH 6TH FL NEW YORK, NY 10003 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED Hope Kessler <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 40 Women's American Ort 250 Park Avenue South N.Y. N.Y. 10003		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Judith Menikoff</u> Judith Menikoff 5/16/06 2125057700 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

ATTACHMENT
COPILEVITZ & CANTER, LLC

ATTORNEYS AT LAW

423 W. EIGHTH STREET
SUITE 400
KANSAS CITY, MISSOURI 64105
(816) 472-9000 • FAX (816) 472-5000
EMAIL: copcankc@cckc-law.com

50020592

May 30, 2006

Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

RE: Women's American ORT, Inc.
Corporate ID# F99000005044

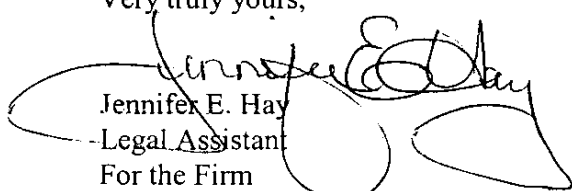
Dear Sir/Madam:

Enclosed please find the 2006 Not-for-Profit Corporation Annual Report. Accompanying this Report is a check in the amount of \$70.00 for the required filing fee. This fee includes the required \$8.75 needed to obtain a copy of their Certificate of Status.

It is my understanding receipt of the above will maintain Women's American ORT, Inc. as a non-profit, foreign corporation in "good standing" with the state of Florida. Please forward a copy of their Certificate of Status at your earliest convenience.

Thank you in advance for your attention in this matter. Should you have any questions or require additional information, please feel free to contact me.

Very truly yours,


Jennifer E. Hay
Legal Assistant
For the Firm

:jeh
Enclosure