

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2007 8:00 am
Secretary of State

07-16-2007 90129 014 ****61.25

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 - No P.O. Box # 75 Maiden Lane Suite, Apt. #, etc. 10th Floor City & State New York, NY Zip 10038 Country USA		3. Mailing Address 75 Maiden Lane Suite, Apt. #, etc. 10th Floor City & State New York, NY Zip 10038 Country USA			
4. FEI Number 13-5562424				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ISRAEL, ANNETTE 23257 STATE ROAD 7, SUITE 201- BOCA RATON, FL 33428-			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 777 Yamato Road, Suite 100 City Boca Raton FL Zip Code 33431		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 14, 2007		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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DOF <input checked="" type="checkbox"/> Delete PECTOR, FRANCINE 43 KALDA LANE PLAINVIEW, NY 11803				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete MENIKOFF, JUDITH 3 WILLOWICK CIRCLE HOUSTON, TX 77024				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete VERMUT, ROZ 11 BIRCHWOOD PARK CRESCENT JERICO, NY 11753				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FVP <input type="checkbox"/> Delete FAGEL, SHELLY 790 E GARTNER ROAD NAPERVILLE, IL 60540				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED <input type="checkbox"/> Delete KESSLER, HOPE C/O WOMENS AMERICAN ORT 250 PARK AVE S NEW YORK, NY 10003				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DOF <input type="checkbox"/> Change <input type="checkbox"/> Addition Bishop, Patti 75 Maiden Lane, 10th Floor New York, NY 10038				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Menikoff, Judy 75 Maiden Lane, 10th Floor New York, NY 10038				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Vermut, Roz 75 Maiden Lane, 10th Floor New York, NY 10038				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Fagel, Shelly 75 Maiden Lane, 10th Floor New York, NY 10038				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Kessler, Hope 75 Maiden Lane, 10th Floor New York, NY 10038				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Wiseberg, Marcy 75 Maiden Lane, 10th Floor New York, NY 10038				
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>JOAN ANZISKA</u> 6/29/07 212 505 7700 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT

COPILEVITZ & CANTER, LLC

ATTORNEYS AT LAW

310 W. 20TH STREET
SUITE 300
KANSAS CITY, MISSOURI 64108
(816) 472-9000 • FAX (816) 472-5000

40125437

July 10, 2007

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

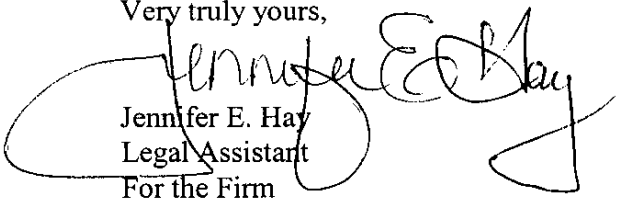
RE: Women's American ORT, Inc.
Corporate ID# F99000005044

Dear Sir/Madam:

Enclosed please find the 2007 Not-for-Profit Corporation Annual Report. Accompanying this Report is a check in the amount of \$61.25 for the required filing fee. 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.

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