

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005530

FILED  
Jun 09, 2006  
Secretary of State

**Entity Name:** NATIONAL COUNCIL OF JEWISH WOMEN UNIVERSITY SECTION, INC.

**Current Principal Place of Business:**

P. O. BOX 9874  
CORAL SPRINGS, FL 33075

**New Principal Place of Business:**

P. O. BOX 9874  
CORAL SPRINGS, FL 33075

**Current Mailing Address:**

P. O. BOX 9874  
CORAL SPRINGS, FL 33075

**New Mailing Address:**

P. O. BOX 9874  
CORAL SPRINGS, FL 33075

**FEI Number:** 65-0269929      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

GARFIELD, BETH S  
5233 NORTH SPRINGS WAY  
CORAL SPRINGS, FL 33067      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: CO-P      ( ) Delete  
Name: HOROWITZ, AMANDA  
Address: 12187 NW 10 COURT  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: CO-P      ( ) Delete  
Name: WEISMAN, DEBI  
Address: 7650 NW 47 DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33067

Title: T      ( ) Delete  
Name: GARFIELD, BETH  
Address: 5233 NORTH SPRINGS WAY  
City-St-Zip: CORAL SPRINGS, FL 33076

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES      (X) Change ( ) Addition  
Name: WEISMAN, DEBI  
Address: 7650 NW 47 DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33067

Title: TRES      (X) Change ( ) Addition  
Name: GARFIELD, BETH  
Address: 5233 NORTH SPRINGS WAY  
City-St-Zip: CORAL SPRINGS, FL 33076

Title: DIR      (X) Change ( ) Addition  
Name: SOLITT, JANET  
Address: 6531 NW 98 DRIVE  
City-St-Zip: PARKLAND, FL 33076

Title: DIR      ( ) Change (X) Addition  
Name: MORRIS, ELLEN  
Address: 5966 PINWOOD AVENUE  
City-St-Zip: PARKLAND, FL 33067

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETH GARFIELD

TREA

06/09/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date