

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005530

FILED
Aug 09, 2008
Secretary of State

Entity Name: NATIONAL COUNCIL OF JEWISH WOMEN NORTHWEST BROWARD SECTION, INC.

Current Principal Place of Business:

P. O. BOX 9874
CORAL SPRINGS, FL 33075

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 9874
CORAL SPRINGS, FL 33075

New Mailing Address:

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:

Name and Address of New Registered Agent:

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

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

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

Title: PRES () Delete
Name: BAIGELMAN, SUSAN
Address: 11320 NW 11 COURT
City-St-Zip: CORAL SPRINGS, FL 33071

Title: PRES () Delete
Name: SILVERBERG, DEBBIE
Address: 8485 NW 49 DRIVE
City-St-Zip: CORAL SPRINGS, FL 33067

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 S GARFIELD

TRES

08/09/2008

Electronic Signature of Signing Officer or Director

Date