

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000005530

**FILED**  
**Jun 14, 2012**  
**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:**

5233 NORTH SPRINGS WAY  
CORAL SPRINGS, FL 33076

**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 ( )**

**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: PRES  
Name: FORMAN, DEBRA  
Address: 1401 NW 114TH AVE  
City-St-Zip: PLANTATION, FL 33323

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

I hereby 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 all other like empowered.

SIGNATURE: BETH GARFIELD

TRES

06/14/2012

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

\_\_\_\_\_  
Date