


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 26, 2006 08:00 AM
Secretary of State**

DOCUMENT # N46137		
1. Entity Name NATIONAL COUNCIL OF JEWISH WOMEN, KENDALL FLORIDA SECITON, INC.		
Principal Place of Business % BACKER 10502 SW 143RD COURT MIAMI, FL 33186	Mailing Address % BACKER 10502 SW 143RD COURT MIAMI, FL 33186	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SOLOVE, TRACYE K 11780 SW 89 ST STE 204 MIAMI, FL 33186		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STUBINS, LOUISE 11630 SW 72 AVENUE MIAMI, FL 33156	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VILLARDELSAZ, JUDITH 10210 SW 59 AVE. MIAMI, FL 33156	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STERN, LESLIE 9960 SW 128 ST MIAMI, FL 33176	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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>Leslie M Stern</u> <u>Leslie M Stern</u> 4/21/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



04222006 No Chg-NP CR2E037 (11/05)

4. FEI Number 65-0293178	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fees Required**

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05/08/06-80020-005 61.25

**DO NOT WRITE
IN THIS SPACE**

305-666-3312