

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46137

FILED  
Apr 06, 2009  
Secretary of State

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

**Current Principal Place of Business:**

% MYSOREWALA  
10560 SW 139 ST  
MIAMI, FL 33176

**New Principal Place of Business:**

**Current Mailing Address:**

% MYSOREWALA  
10560 SW 139 ST  
MIAMI, FL 33176

**New Mailing Address:**

**FEI Number:** 65-0293178

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MYSOREWALA, ANTONIA  
10560 SW 139 ST  
MIAMI, FL 33176 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: VP ( ) Delete  
Name: BERNSTEIN, CAROLE  
Address: 7995 SW 155 ST  
City-St-Zip: PALMETTO BAY, FL 33157

Title: VP ( ) Delete  
Name: VILLARDELSAZ, JUDITH  
Address: 10210 SW 59 AVE.  
City-St-Zip: MIAMI, FL 33156

Title: TR ( ) Delete  
Name: MYSOREWALA, ANTONIA  
Address: 10560 SW 139 ST  
City-St-Zip: MIAMI, FL 33176

Title: SEC ( ) Delete  
Name: DENISON, ROBIN  
Address: 9305 SW 117 TERR  
City-St-Zip: MIAMI, FL 33176

**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: ANTONIA MYSOREWALA

TR

04/06/2009

Electronic Signature of Signing Officer or Director

Date