

FILE NOW: FILING FEE IS \$61.25

FILED

May 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N49095** (5)

1. Corporation Name

UNIVERSITY SECTION, NATIONAL COUNCIL OF JEWISH WOMEN, INC.

Principal Place of Business

Mailing Address

~~4976 N W 110 TERR~~
CORAL SPRINGS FL 33076
US

~~P.O. BOX 8874~~
CORAL SPRINGS FL 33075-0874
US



2. Principal Place of Business

2a. Mailing Address

21 **653 NW 110th AVE**
Suite, Apt. #, etc.

26 **653 NW 110th AVE**
Suite, Apt. #, etc.

22 City & State
Coral Springs FL

27 City & State
Coral Springs, FL

23 Zip
33071 Country
USA

28 Zip
33071 Country
USA

3. Date Incorporated or Qualified
05/27/1992

3a. Date of Last Report
05/01/1996

4. FEI Number
65-0269929

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~RITTER, STACY J~~
~~4976 N W 110 TERR~~
~~CORAL SPRINGS FL 33076~~

81 Name
Jennifer Petigrow

82 Street Address (P.O. Box Number is Not Acceptable)
653 NW 110th AVE

83 City
Coral Springs

84 State
FL

85 Zip Code
33071

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Jennifer Petigrow, President 4/17/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RITTER, STACY J	
STREET ADDRESS	4976 N W 110 TERR	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BAIGELMAN, SUSAN	
STREET ADDRESS	11320 NW 11TH CT.	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SILVERBERG, DEBBIE	
STREET ADDRESS	8485 N W 49TH DR	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Jennifer Petigrow	
1.3 STREET ADDRESS	653 NW 110th AVE	
1.4 CITY-ST-ZIP	Coral Springs, FL 33071	
2.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Rhonda Weiss	
2.3 STREET ADDRESS	10967 NW 14th St	
2.4 CITY-ST-ZIP	Coral Springs FL 33071	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jennifer Petigrow, President 4/17/97

4/17/97

954 752-0530

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone # **0026245**

CR2E037 (9/96)