

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
-------------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

**DOCUMENT # 740305 (8)**  
 1. Corporation Name  
**PALM BEACH SECTION, NATIONAL COUNCIL OF JEWISH WOMEN, INC.**



Principal Place of Business <b>171 EXECUTIVE CIR BOYNTON BEACH FL 33436 US</b>	Mailing Address <b>171 EXECUTIVE CIR BOYNTON BEACH FL 33436-1835 US</b>
-------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------

3. Date Incorporated or Qualified <b>10/03/1977</b>	3a. Date of Last Report <b>03/13/1996</b>
4. FEI Number <b>51-0187762</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

**9. Name and Address of Current Registered Agent**

**SILVER, CHARLOTTE L  
171 EXECUTIVE  
BOYNTON BEACH FL 33436**

**10. Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
<b>FL</b> 85 Zip Code

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 \_\_\_\_\_  
 Signature: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>BRAFMAN, MARILYN</b>
STREET ADDRESS	<b>1865 LYNTON CIRCLE</b>
CITY - ST - ZIP	<b>WELLINGTON FL 33414</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE
NAME	<b>WISE, JUDITH</b>
STREET ADDRESS	<b>6980 BUTTERBRUSH PL</b>
CITY - ST - ZIP	<b>BOYNTON BEACH FL 33437</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>LEVINE, THELMA</b>
STREET ADDRESS	<b>219 LAKE SUSAN LANE</b>
CITY - ST - ZIP	<b>WEST PALM BEACH FL 33414</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>YOUNG, RITA</b>
STREET ADDRESS	<b>371 RIVEREDGE RD</b>
CITY - ST - ZIP	<b>JUPITER FL 33458</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>SILVER, CHARLOTTE L</b>
STREET ADDRESS	<b>171 EXECUTIVE CIR</b>
CITY - ST - ZIP	<b>BOYNTON BEACH FL 33436</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>MALKIN, ARLENE</b>
STREET ADDRESS	<b>8540 LAWSON CIR</b>
CITY - ST - ZIP	<b>BOYNTON BEACH FL 33437</b>

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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: Charlotte L. Silver, Treas. 1/7/97 - 561-738-6271  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0042484

CR2E037 (9/96)