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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 740305

1. Corporation Name
PALM BEACH SECTION, NATIONAL COUNCIL OF JEWISH WOMEN, INC.

Principal Place of Business 1865 LYNTON CIR WELLINGTON FL 33414 US	Mailing Address 1865 LYNTON CIR WELLINGTON FL 33414 US
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21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 10/03/1977
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	4. FEI Number 51-0187762
23. City & State	28. City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	29. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BRAFMAN, MARILYN P 1865 LYNTON CIR WELLINGTON FL 33414		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRER, NORMA	1.2 NAME	YOUNG RITA
STREET ADDRESS	5200 N OCEAN DR	1.3 STREET ADDRESS	371 RIVEREDGE RD
CITY-ST-ZIP	GINGER ISLAND FL 33404	1.4 CITY-ST-ZIP	JUPITER, FL 33455
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	DEBORA KOFF DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHAFFER, PHYLLIS	2.2 NAME	S CAMBRIA RD. E
STREET ADDRESS	17026 BAY ST	2.3 STREET ADDRESS	PALM BEACH GARDENS, FL
CITY-ST-ZIP	JUPITER FL 33477	2.4 CITY-ST-ZIP	PALM BEACH GARDENS, 33414
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEVINE, THELMA	3.2 NAME	LEE WOLF
STREET ADDRESS	219 LAKE SUSAN LANE	3.3 STREET ADDRESS	714 WALTER
CITY-ST-ZIP	WEST PALM BEACH FL 33414	3.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	V <input checked="" type="checkbox"/> DELETE	4.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YOUNG, RITA	4.2 NAME	MARILYN P. BRAFMAN
STREET ADDRESS	371 RIVEREDGE RD	4.3 STREET ADDRESS	1865 LYNTON CIR
CITY-ST-ZIP	JUPITER FL 33458	4.4 CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALKIN, ARLENE	5.2 NAME	
STREET ADDRESS	8540 LAWSON CIR	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVER, CHARLOTTE Q171	6.2 NAME	
STREET ADDRESS	8540 LAWSON CIR	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: Marilyn P. Brafman 1/9/99 561-793-8487
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)