

2000 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED
May 22, 2000 8:00 am
Secretary of State

04-26-2000 90048 002 ****61.25

DOCUMENT # 740305

1. Entity Name

PALM BEACH SECTION, NATIONAL COUNCIL OF JEWISH W

Principal Place of Business

1865 LYNTON CIR
 WELLINGTON FL 33414
 US

Mailing Address

1865 LYNTON CIR
 WELLINGTON FL 33414-8029
 US

2. Principal Place of Business

4768 BOXWOOD CIRCLE
 Suite, Apt. #, etc.

3. Mailing Address

4768 BOXWOOD CIRCLE
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 BOYNTON BEACH FL.

City & State
 BOYNTON BEACH FL.

4. FEI Number

51-0187762

Applied For

Not Applicable

Zip
 33436

Country
 U.S.A.

Zip
 33436

Country
 U.S.A.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRAFMAN, MARILYN P
 1865 LYNTON CIR
 WELLINGTON FL 33414

7. Name and Address of New Registered Agent

Name GLASS RUTH

Street Address (P.O. Box Number is Not Acceptable)

4768 BOXWOOD CIRCLE

City BOYNTON BEACH

FL

Zip Code 33436

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.

SIGNATURE

Ruth Glass

RUTH GLASS TREASURER

4/18/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEES IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	YOUNG, RITA	
STREET ADDRESS	341 RIVEREDGE RD.	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SCHAFFER, PHYLLIS	
STREET ADDRESS	17026 BAY ST	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KOFF, SONIA D	
STREET ADDRESS	8 COMBRIA RD E.	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33414	
TITLE	X	<input type="checkbox"/> Delete
NAME	WOLF, LEE	
STREET ADDRESS	714 7TH TER	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	D	<input type="checkbox"/> Delete
NAME	MALKIN, ARLENE	
STREET ADDRESS	8540 LAWSON CIR	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	D	<input type="checkbox"/> Delete
NAME	SILVER, CHARLOTTE Q171	
STREET ADDRESS	8540 LAWSON CIR	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NOVIKOFF VIVIAN-D	
STREET ADDRESS	123 LAKE SHORE DR. #542	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	V. PRES.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIAMOND SHIRLEY	
STREET ADDRESS	7633 TAHITI LA. #103	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRAFMAN MARILYN D	
STREET ADDRESS	1865 LYNTON CIR	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLF, LEE D	
STREET ADDRESS	714 7TH TER.	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V. PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVER, CHARLOTTE L.	
STREET ADDRESS	171 EXECUTIVE CIR.	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	

12. 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 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:

Charlotte Silver

4/19/2000

561-738-6271

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)