

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90034 018 ****61.25

DOCUMENT # 740305

1. Entity Name

PALM BEACH SECTION, NATIONAL COUNCIL OF JEWISH WOMEN, INC.

Principal Place of Business

Mailing Address

4768 BOXWOOD CIRCLE
 BOYNTON BEACH FL 33436

4768 BOXWOOD CIRCLE
 BOYNTON BEACH FL 33436
 US

2. Principal Place of Business

3. Mailing Address

7633 TAHITI LANE

7633 TAHITI LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT. 103

APT. 103

City & State

LAKE WORTH, FL

City & State

LAKE WORTH, FL

Zip

33467

Country

USA

Zip

33467

Country

USA

4. FEI Number

51-0187762

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GLASS, RUTH
4768 BOXWOOD CIRCLE
BOYNTON BEACH FL 33436

Name **DIAMOND, SHIRLEY R.**

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

7633 TAHITI LANE APT 103

City **LAKE WORTH**

FL

Zip Code **33467**

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 *Shirley R. Diamond*

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

(NOTE: Registered Agent signature required when reinstating)

4/24/02

DATE

FILE NOW: FEE 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, RITA 341 RIVEREDGE RD. JUPITER FL 33458	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHAFER, PHYLLIS 17026 BAY ST JUPITER FL 33477	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEVINE, JEANNE 16940 BAY STREET JUPITER FL 33477	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WOLF, LEE 714 7TH TER PALM BEACH GARDENS FL 33418	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRAFMAN, MARILYN 1865 LYNTON CIRCLE WELLINGTON FL 33414	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILVER, CHARLOTTE Q171 8540 LAWSON CIR BOYNTON BEACH FL 33437	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEVINE, JEANNE 16997 WATERBEND DR #136 JUPITER FL 33477	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLF, LEE 714 7TH TER PALM BEACH GARDENS FL 33418	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JUDITH WISE 6980 BITTERBUSH PL BOYNTON BEACH, FL 33437	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *LEE WOLF*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02 (561) 627-3733

CR2E037 (9/01)