


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90235 008 ****61.25

DOCUMENT # 740305					
1. Entity Name PALM BEACH SECTION, NATIONAL COUNCIL OF JEWISH WOMEN, INC.					
Principal Place of Business 7633 TAHITI LANE APT. 103 LAKE WORTH FL 33467 US		Mailing Address 7633 TAHITI LANE APT. 103 LAKE WORTH FL 33467 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 51-0187762	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DIAMOND, SHIRLEY R 7633 TAHITI LANE APT. 103 LAKE WORTH FL 33467			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	YOUNG, RITA	NAME			
STREET ADDRESS	341 RIVEREDGE RD.	STREET ADDRESS			
CITY-ST-ZIP	JUPITER FL 33458	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCHAFFER, PHYLLIS	NAME			
STREET ADDRESS	17026 BAY ST	STREET ADDRESS			
CITY-ST-ZIP	JUPITER FL 33477	CITY-ST-ZIP			
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LEVINE, JEANNE	NAME	JUDITH TRAUB		
STREET ADDRESS	16997 WATERBEND DR. #136	STREET ADDRESS	4860 EXETER ESTATE LANE		
CITY-ST-ZIP	JUPITER FL 33477	CITY-ST-ZIP	LAKE WORTH, FL 33467		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WOLF, LEE	NAME	VIVIAN NOVIKOFF		
STREET ADDRESS	714 7TH TER	STREET ADDRESS	1897 SE LOXAHATCHEE RIVER ROAD		
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	CITY-ST-ZIP	JUPITER, FL 33455		
TITLE	VP <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BRAFMAN, MARILYN	NAME			
STREET ADDRESS	1865 LYNTON CIRCLE	STREET ADDRESS			
CITY-ST-ZIP	WELLINGTON FL 33414	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WISE, JUDITH	NAME			
STREET ADDRESS	7566 PEBBLE SHORES TERRACE	STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH FL 33467	CITY-ST-ZIP			
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: <i>Marilyn Brafman</i> MARILYN BRAFMAN 4/25/05 (561) 793 8487					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					