2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 20, 2006 8:00 am Secretary of State 01-20-2006 90037 008 ****61.25

PROCESS PERM PL 90 DERAY BEACH, FL 33484 US DELAY BEACH, FL 33484 US 2. Principal Place of Business Sulfa, Apt. #, etc. Sulfa, Apt. #	DOCUMENT # N07749 1. Entity Name SOUTH POINT SECTION NATIONAL COUNCIL OF JEWISH WOMEN, INC.						2 0 2 00 0 90	037 000	01.25
Suite. Acid if, etc. City & State See Country City F. Name and Address of Current Registered Agent Name Small, NINA D Society Address of Current Registered Agent Name Small, NINA D Society Address of Current Registered Agent Name Small, NINA D Society F. F. L City F. L Zip Code 8. The above named entity submits rise statement for me purpose of changing its registered office or registered agent, or both, in the State of Fiorica. I an iteration with the companyon or registered agent, or both in the State of Fiorica. I an iteration with the companyon or registered agent, or both in the State of Fiorica. I an iteration with the companyon or registered agent, or both in the State of Fiorica. I an iteration with the companyon or registered agent, or both in the State of Fiorica. I an iteration with the companyon or registered agent, or both in the State of Fiorica. I an iteration with the companyon or registered agent, or both in the State of Fiorica. I an iteration with the companyon or registered agent, or both in the State of Fiorica. I an iteration with the companyon or registered agent, or both in the State of Fiorica. I an iteration with the companyon or registered agent, or both in the State of Fiorica. I an iteration with the companyon or registered agent, or both in the State of Fiorica. I an iteration with the companyon or registered agent, or both in the State of Fiorica. I an iteration with the companyon or registered agent, or both in the State of Fiorica. I an iteration with the companyon or registered agent, or both in the State of Fiorica. I an iteration with the companyon or registered agent, or both in the State of Fiorica. I an iteration with the companyon or registered agent. Filling Fee is \$61.25. Filli	5020 PETAL PL #D 5020 PETAL PL #D		484 US						
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Special States Service Services and Address of Gurrent Registered Agent S. Name and Address of Gurrent Registered Agent T. Name and Address of Surrent Registered Agent T. Name and Address of New Registered Agent The above named entity submits the 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. Signural year to print new or registered agent. Filling Fee is \$61.25 Due by May 1, 2006 Trust Fund Contribution. Defends	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		01062006 CI	ng-NP	CR2E037 (11/	05)
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) 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 Ne registered office or registered agent, or both, in the State of Florida. I am liaminar with, and accept the obligators of registered agent. SIGNATURE Signature Type for prime and registered agent. Politic Properties Agent agents required agent and the Applicable. Politic Properties Agent agents required agent and the Applicable. Politic Properties Agent agents required agent, or both, in the State of Florida. I am liaminar with, and accept the obligators of registered agent, or both, in the State of Florida. I am liaminar with, and accept the obligators of registered agent, or both, in the State of Florida. I am liaminar with, and accept the obligators of registered agent, or both, in the State of Florida. I am liaminar with, and accept the obligators of registered agent, or both, in the State of Florida. I am liaminar with, and accept the obligators of registered agent, or both, in the State of Florida. I am liaminar with, and accept the obligators of registered agent, or both, in the State of Florida. I am liaminar with, and accept the obligators of registered agent, or both, in the State of Florida. I am liaminar with, and accept the obligators of registered agent, or both, in the State of Florida. I am liaminar with, and accept the obligators of registered agent, or both, in the State of Florida. I am liaminar with, and accept the purple of Politic Or registered agent, or both, in the State of Florida. Politic	City & Stat	te	City & State	City & State				<u> </u>	
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EPSTEIN, PEARL STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33484 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Make STREET ADDRESS CITY-ST-ZIP 19, 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: Make STREET ADDRESS CITY-ST-ZIP 19, Florida Statutes. I further certify that the information indicated on this report of the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on the information indicated on the information indicated on this r		<u> </u>			i i				
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 attackment with an address, with all other like empowered. SIGNATURE: SIGNATUR	TITLE	15075 WITNEY ROAD #A112 DELRAY BEACH, FL 33484 D	_ Detate	STREET ADDRES CITY-ST-ZIP TITLE	s	· - -	<u>.</u>	☐ Cha	ange 🔲 Addition
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: Marke Small Lussur SIGNATURE:	TITLE NAME STREET ADDRESS	15075 WITNEY ROAD #A112 DELRAY BEACH, FL 33484 D EPSTEIN, PEARL	_ Detete	STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES		<u> </u>	<u></u>	☐ Cha	ange 🔲 Addition
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