


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 8:00 am
Secretary of State

01-20-2006 90037 008 ****61.25

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|--|--------------------------|--|--|--|--|
| DOCUMENT # N07749 | | | |  | |
| 1. Entity Name SOUTH POINT SECTION NATIONAL COUNCIL OF JEWISH WOMEN, INC. | | | | | |
| Principal Place of Business 5020 PETAL PL #D DELRAY BEACH, FL 33484 US | | | Mailing Address 5020 PETAL PL #D DELRAY BEACH, FL 33484 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 01062006 Chg-NP CR2E037 (11/05) | |
| Zip | | Country | | 4. FEI Number 59-2495167 | |
| | | | | Applied For <input type="checkbox"/> Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| SMALL, NINA D 5020 PETAL PL #D DELRAY BEACH, FL 33484 | | | 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 <i>Nina D. Small Treasurer</i> | | | | 1/14/06 | |
| Signature, typed or printed name of registered agent and title if applicable. | | (NOTE: Registered Agent Signature required when reinstating) | | DATE | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 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 | VP | <input checked="" type="checkbox"/> Delete | TITLE | VP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | GOLDSTEIN, MARILYN | | NAME | LAPIDESE, PHYLLIS | |
| STREET ADDRESS | 15126 ASHLAND DR G 229 | | STREET ADDRESS | 12479 CRYSTAL POINT DR #201 | |
| CITY-ST-ZIP | DELRAY BEACH, FL 33484 | | CITY-ST-ZIP | BOYNTON BEACH FL 33477 | |
| TITLE | VP | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SPECTOR, NORMA | | NAME | | |
| STREET ADDRESS | 1 ABBEY LANE #103 | | STREET ADDRESS | | |
| CITY-ST-ZIP | DELRAY BEACH, FL 33446 | | CITY-ST-ZIP | | |
| TITLE | T | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SMALL, NINA D | | NAME | | |
| STREET ADDRESS | 5020 PETAL PL #D | | STREET ADDRESS | | |
| CITY-ST-ZIP | DELRAY BEACH, FL 33484 | | CITY-ST-ZIP | | |
| TITLE | P | <input checked="" type="checkbox"/> Delete | TITLE | P | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BYTOFSKY, ESTELLE | | NAME | BANKE MARGOT | |
| STREET ADDRESS | 10177 CANOE BROOK CIRCLE | | STREET ADDRESS | 5411 LONDON CIRCLE | |
| CITY-ST-ZIP | BOCA RATON, FL 33498 | | CITY-ST-ZIP | BOYNTON BEACH FL 33437 | |
| TITLE | P | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DIAMOND, JOAN | | NAME | | |
| STREET ADDRESS | 15075 WITNEY ROAD #A112 | | STREET ADDRESS | | |
| CITY-ST-ZIP | DELRAY BEACH, FL 33484 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | EPSTEIN, PEARL | | NAME | | |
| STREET ADDRESS | 6387 MOONSTONE WAY | | STREET ADDRESS | | |
| CITY-ST-ZIP | DELRAY BEACH, FL 33484 | | CITY-ST-ZIP | | |
| 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: <i>Nina D. Small Treasurer</i> | | | | 1/14/06 561-495-2928 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | Date Daytime Phone # | |