

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N07749 (7)

1. Corporation Name

SOUTH POINT SECTION NATIONAL COUNCIL OF JEWISH WOMEN, INC.



700001796807
-04/26/96--01093--008

Principal Place of Business

Mailing Address

9261 VISTA DEL LAGO
19C
BOCA RATON FL 33428
US

9261 VISTA DEL LAGO
19C
BOCA RATON FL 33428
US

3. Date of Last Report
02/20/1995

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 7350 Kinghurst Dr.

26 7350 Kinghurst Dr.

4. FEI Number
59-2495167

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #302 Huntington Lakes

23 #302 Huntington Lakes

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State

City & State

23 Delray Beach, Fla.

28 Delray Beach, Fla.

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24 33446

25 U.S.A.

29 33446

30 U.S.A.

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHATIN, HARRIET E.
9261 VISTA DEL LAGO
19C
BOCA RATON FL 33428

81 Name

Bernice Miller

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

7350 Kinghurst Drive #302

83

Huntington Lakes

84 City

Delray Beach, Florida FL

85 Zip Code

33446

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Bernice Miller*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CP ☒ DELETE
NAME SHATIN, HARRIET D
STREET ADDRESS 9261 VISTA DEL LAGO
CITY-ST-ZIP BOCA RATON FL

1.1 TITLE CO-PRESIDENT ☐ Change ☒ Addition
1.2 NAME Bernice Miller
1.3 STREET ADDRESS 7350 Kinghurst Drive #302
1.4 CITY-ST-ZIP Delray Beach, Florida 33446

TITLE D ☒ DELETE
NAME BAGHOVER, BEATRICE
STREET ADDRESS 3165 NW 6TH ST
CITY-ST-ZIP DELRAY BCH. FL

2.1 TITLE Co-President ☐ Change ☒ Addition
2.2 NAME Beatrice Bashover
2.3 STREET ADDRESS 3165 N.W. 6th Street
2.4 CITY-ST-ZIP Delray Beach, Florida 33445

TITLE T ☐ DELETE
NAME NEWMAN, RUTH
STREET ADDRESS 15075 WITNEY RD.
CITY-ST-ZIP DELRAY BEACH FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME NEWMAN, HARRIET
STREET ADDRESS 19434 WATERS REACH LANE
CITY-ST-ZIP BOCA RATON FL

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME Norma Spector
4.3 STREET ADDRESS 1 Abbey Lane #103
4.4 CITY-ST-ZIP Delray Beach, Florida 33446

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME Connie Sussman
5.3 STREET ADDRESS 7310 Ashford Place #407
5.4 CITY-ST-ZIP Delray Beach, Florida 33446

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE D ☐ Change ☒ Addition
6.2 NAME Cecilia Maisel
6.3 STREET ADDRESS 6141 Evian Place
6.4 CITY-ST-ZIP Boynton Beach, Florida 33437

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ruth Newman* Ruth Newman, Treas. 4/4/96 407-499-6048
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)