

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2005 8:00 am
Secretary of State

01-07-2005 90013 018 ****61.25

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.

01032005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2495167

Applied For
Not Applicable

Zip

Country

Zip

Country

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

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

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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE VP ☐ Delete
NAME GOLDSTEIN, MARILYN
STREET ADDRESS 15126 ASHLAND DR G 229
CITY-ST-ZIP DELRAY BEACH, FL 33484

TITLE VP ☐ Delete
NAME SPECTOR, NORMA
STREET ADDRESS 1 ABBEY LANE #103
CITY-ST-ZIP DELRAY BEACH, FL 33446

TITLE T ☐ Delete
NAME SMALL, NINA A
STREET ADDRESS 5020 PETAL PL #D
CITY-ST-ZIP DELRAY BEACH, FL 33484

TITLE D ☒ Delete
NAME SELIGMAN, NORMA
STREET ADDRESS 14808 HIDEAWAY LAKE LANE
CITY-ST-ZIP DELRAY BEACH, FL 33484

TITLE D ☒ Delete
NAME NEWMAN, RUTH
STREET ADDRESS 15075 WITNEY RD
CITY-ST-ZIP DELRAY BEACH, FL 33484

TITLE D ☐ Delete
NAME EPSTEIN, PEARL
STREET ADDRESS 6387 MOONSTONE WAY
CITY-ST-ZIP DELRAY BEACH, FL 33484

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME SMALL, NINA D
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME PRESIDENT BYKOFSKY, ESTELLE
STREET ADDRESS 10177 CANOE BROOK CIRCLE
CITY-ST-ZIP BOCA RATON FL 33498

TITLE ☐ Change ☒ Addition
NAME PRESIDENT DIAMOND, JOAN
STREET ADDRESS 15075 WITNEY ROAD #A112
CITY-ST-ZIP DELRAY BEACH FL 33484

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: *Nina D Small, Treasurer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/05 56-495-2928

Date Daytime Phone #