

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 749588 (0)

1. Corporation Name

SARASOTA-MANATEE SECTION NATIONAL COUNCIL OF JEWISH WOMEN, INC.



Principal Place of Business Mailing Address  
1800 2ND ST., SUITE 870 SARASOTA FL 34236

3. Date Incorporated or Qualified 10/30/1979  
3a. Date of Last Report 05/01/1995  
4. FEI Number 59-1940872  
5. Certificate of Status Desired \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GORDON, SCOTT E  
1800 2ND ST., SUITE 870  
SARASOTA FL 34236

81 Name Ira Stewart Wiesner  
82 Street Address (P.O. Box Number is Not Acceptable) 1800 Second Street, Suite 870  
83  
84 City Sarasota FL 85 Zip Code 34236

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: Ira S. Wiesner DATE: 4-25-96

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FISHER, MILDRED	
STREET ADDRESS	5780 MIDNIGHT PASS RD, #303B	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	FRENORE, CORKY	
STREET ADDRESS	4464 DEER TRAIL BLVD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	ROBERTS, LOKUISE	
STREET ADDRESS	7565 FAIRLINKS COURT	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	SCOTT, LEA	
STREET ADDRESS	6746 PASSED CASTILLE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	DAVIS, GLORIA	
STREET ADDRESS	1427 SEAFARER DRIVE	
CITY-ST-ZIP	OSPREY FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	COLPE, DOLORES	
STREET ADDRESS	1100 IMPERIAL DR. #605	
CITY-ST-ZIP	SARASOTA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	34242
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VPD Chezan, Helen Bennett
2.3 STREET ADDRESS	5750 Stone Point Drive
2.4 CITY-ST-ZIP	Sarasota, FL 34233
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Roberts, Louise
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	34243
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	6746 Paseo Castille
4.4 CITY-ST-ZIP	Sarasota, FL 34238
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	800001833870
5.3 STREET ADDRESS	-05/22/96--01019--011
5.4 CITY-ST-ZIP	***61.25
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Volpe, Dolores
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	34236

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: Mildred Fisher DATE: 4/8/96 941-349-4442

CR2E037 (12/95)