

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 749588 (0)
 1. Corporation Name
SARASOTA-MANATEE SECTION NATIONAL COUNCIL OF JEW ISH WOMEN, INC.



Principal Place of Business 1800 2ND ST., SUITE 870 SARASOTA FL 34236	Mailing Address 1800 2ND ST., SUITE 870 SARASOTA FL 34236
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3. Date Incorporated or Qualified
10/30/1979

4. FEI Number
59-1940872

Applied For	Not Applicable
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2. Principal Place of Business 21	2a. Mailing Address 26
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
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6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

City & State 23	City & State 28
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7. Is this nonprofit corporation a homeowners association?
 Yes No

Zip 24	Country 25	Zip 29	Country 30
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8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

WEISNER, IRA S
1800 2ND ST., SUITE 870
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SCOTT, LEANORE E	
STREET ADDRESS	6746 PASEO CASTILLE	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SURREY, ROZ	
STREET ADDRESS	7000 FAIRWAY BEND CIR.	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	FISHMAN, LAURICE	
STREET ADDRESS	5624 COUNTRY CLUB WAY	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BERMAN, MIMI	
STREET ADDRESS	3801 FISHING TRAIL	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DAVIS, GLORIA	
STREET ADDRESS	1427 SEAFARER DRIVE	
CITY-ST-ZIP	OSPREY FL 34229	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GORDON, SHIRLEY	
STREET ADDRESS	3927 CENTER GRATE DRIVE	
CITY-ST-ZIP	SARASOTA FL 34233	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Hannah Honeyman	
1.3 STREET ADDRESS	56 of Dorset Dr.	
1.4 CITY-ST-ZIP	Sarasota, FL 34243	
2.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Esther Joffe	
2.3 STREET ADDRESS	1125 Peppertree Dr. #406	
2.4 CITY-ST-ZIP	Sarasota, FL 34242	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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: Leanore E. Scott **Leanore E. Scott, President (941) 923 9656**

CR2E037 (10/97)