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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # 749588

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



21. Principal Place of Business	22. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	10/30/1979
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-1940872
24 Country	29 Country	Applied For
	30	Not Applicable
8. Name and Address of Current Registered Agent		5. Certificate of Status Desired <input type="checkbox"/>
WEISNER, IRA S		\$8.75 Additional Fee Required
1800 2ND ST., SUITE 870		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
SARASOTA FL 34238		\$5.00 May Be Added to Fees
9. Name and Address of New Registered Agent		
81 Name		
82 Street Address (P.O. Box Number is Not Acceptable)		
83		
84 City		FL 85 Zip Code

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 _____

(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	SCOTT, LEANORE E	
STREET ADDRESS	6746 PASEO CASTILLE	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SURREY, ROZ	
STREET ADDRESS	7090 FAIRWAY BEND CIR.	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	FISHMAN, LAURICE	
STREET ADDRESS	5824 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 checked="" 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	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SCOTT, LEANORE E.
1.3 STREET ADDRESS	5179 Little Brook Court
1.4 CITY-ST-ZIP	Sarasota, FL. 34238
2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HONEYMAN, HANNAH
2.3 STREET ADDRESS	5605 Doral Drive
2.4 CITY-ST-ZIP	Sarasota, FL. 34243
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	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Davis, Gloria
5.3 STREET ADDRESS	1427 Seafarer Drive
5.4 CITY-ST-ZIP	Osprey, FL 34229
6.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Cherie Pollack
6.3 STREET ADDRESS	5201 88 Street E.
6.4 CITY-ST-ZIP	Bradenton, FL 34202

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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, with all other like empowered.

SIGNATURE: LEANORE E. SCOTT, PRESIDENT
2/11/99 (941)9239656

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