

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

APPROVED AND FILED

55 MAY -1 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **N07749 (7)**

1. Corporation Name  
**SOUTH POINT SECTION NATIONAL COUNCIL OF JEWISH WOMEN, INC.**

Principal Place of Business Mailing Address  
**13655 A. VIA AURORA DELRAY BEACH FL 33484 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/20/1985** 3a. Date of Last Report **04/26/1994**

4. FEI Number **59-2495167** Applied For  Not Applicable

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

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under 5-189 (13) Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 **9261 VISTA DEL LAGO** 26 **9261 VISTA DEL LAGO**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **19C** 27 **19C**  
City & State City & State  
23 **BOCA RATON FL.** 28 **BOCA RATON FL.**  
Zip Country Zip Country  
24 **33428** 25 **PALM BEACH** 29 **33428** 30 **PALM BEACH**

9. Name and Address of Current Registered Agent  
**ARENBERG, MIMI**  
**13655A VIA AURORA**  
**DELRAY BEACH FL 33484**

10. Name and Address of New Registered Agent  
81 Name **HARRIET E. SHATIN**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**9261 VISTA DEL LAGO, 19C**  
83  
84 City **BOCA RATON** FL 85 Zip Code **33428**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Harriet E. Shatin **HARRIET E. SHATIN** PRESIDENT 2/28/95  
(Sign Name, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	CP
NAME	SHATIN, HARRIET D
STREET ADDRESS	9261 VISTA DEL LAGO
CITY - ST - ZIP	BOCA RATON FL
TITLE	D X P
NAME	BACHOVER, BEATRICE
STREET ADDRESS	3165 NW 6TH ST
CITY - ST - ZIP	DELRAY BCH. FL
TITLE	D Y
NAME	MAISEL, CECILIA
STREET ADDRESS	8141 EVIAN PLACE
CITY - ST - ZIP	BOYNTON BEACH FL
TITLE	D X P
NAME	NEWMAN, HARRIET
STREET ADDRESS	18434 WATERS REACH LANE
CITY - ST - ZIP	BOCA RATON FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	
1 3 STREET ADDRESS	
1 4 CITY - ST - ZIP	
2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	
2 3 STREET ADDRESS	
2 4 CITY - ST - ZIP	
3 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	<b>T</b> <b>NAWMAN, RUTH</b>
3 3 STREET ADDRESS	<b>15075 WITNEY RD.</b>
3 4 CITY - ST - ZIP	<b>DELRAY BEACH, FL.</b>
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 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)(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.

SIGNATURE: Harriet E. Shatin **HARRIET E. SHATIN** 2/28/95 482-6508  
(Date) (Telephone)

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CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
FILED

DOCUMENT # **N07832** (1)

1. Corporation Name

**VOITURE 880 LA SOCIETE DES 40 HOMMES ET 8 CHEVAU  
X INC.**

STAMPED DATE: 1/10/95

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

C/O JAMES M. WALLACE  
420 OLD MAIN STREET  
BRADENTON FL 34205

C/O JAMES M. WALLACE  
420 OLD MAIN STREET  
BRADENTON FL 34205

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>02/26/1985</b>	3a. Date of Last Report <b>03/07/1994</b>
4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

9. Name and Address of Current Registered Agent \*

**WALLACE, JAMES M.  
420 OLD MAIN STREET  
BRADENTON FL 34205**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	<b>BO</b>
NAME	<del>DOUGHERTY, JOHN B JR</del>
STREET ADDRESS	<del>7208 POINTE W. BLVD</del>
CITY - ST - ZIP	<del>BRADENTON FL 34205</del>
TITLE	<b>VD</b>
NAME	<b>SMITH, MARION</b>
STREET ADDRESS	<b>1514 7TH ST. W.</b>
CITY - ST - ZIP	<b>PALMETTO FL 34221</b>
TITLE	<b>BO</b>
NAME	<del>WALLACE, JAMES M</del>
STREET ADDRESS	<del>420 OLD MAIN STREET</del>
CITY - ST - ZIP	<del>BRADENTON FL 34205</del>
TITLE	<b>TD</b>
NAME	<b>WEIKELBAUM, MORT</b>
STREET ADDRESS	<b>4007 100 ST., W.</b>
CITY - ST - ZIP	<b>BRADENTON FL 34210</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>SMITH, MARION</b>	
1.3 STREET ADDRESS	<b>1514 7th St. W.</b>	
1.4 CITY - ST - ZIP	<b>Palmetto, Fla 34221</b>	
2.1 TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>MARROSU, JOSEPH</b>	
2.3 STREET ADDRESS	<b>14 Shady Lane</b>	
2.4 CITY - ST - ZIP	<b>Palmetto, Fla. 34221</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<b>SD</b>	
3.2 NAME	<b>PILLER, JAMES</b>	
3.3 STREET ADDRESS	<b>6315 2nd Ave. W.</b>	
3.4 CITY - ST - ZIP	<b>Bradenton, Fla. 34209</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		
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 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: James Piller *James Piller* 4-12-1995 1-813-792-0084  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date System Phone #