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FILED

Feb 03 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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

7350 KINGHURST DR.  
#302 HUNTINGTON LAKES  
DELRAY BEACH FL 33446  
US7350 KINGHURST DR.  
#302 HUNTINGTON LAKES  
DELRAY BEACH FL 33446-2973  
US3. Date Incorporated or Qualified  
02/20/19853a. Date of Last Report  
04/26/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City &amp; State

27 City &amp; State

24 Zip

Country

28 Zip

Country

4. FEI Number  
59-2495167Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

## 9. Name and Address of Current Registered Agent

MILLER, BERNICE  
7350 KINGHURST DR. #302  
HUNTINGTON LAKES  
DELRAY BEACH FL 33446

## 10. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

## 12. OFFICERS AND DIRECTORS

TITLE	CP	<input type="checkbox"/> DELETE
NAME	MILLER, BERNICE	
STREET ADDRESS	7350 KINGHURST DR. #302	
CITY-ST-ZIP	DELRAY BCH. FL 33446	
TITLE	CP	<input type="checkbox"/> DELETE
NAME	BASHOVER, BEATRICE	
STREET ADDRESS	3165 NW 6TH ST.	
CITY-ST-ZIP	DELRAY BCH. FL 33446	
TITLE	T	<input type="checkbox"/> DELETE
NAME	NEWMAN, RUTH	
STREET ADDRESS	15075 WITNEY RD.	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SPECTOR, NORMA	
STREET ADDRESS	1 ABBEY LANE #103	
CITY-ST-ZIP	DELRAY BCH FL 33446	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SUSSMAN, CONNIE	
STREET ADDRESS	7310 ASHFORD PL. #407	
CITY-ST-ZIP	DELRAY BCH. FL 33446	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MAISEL, CECILIA	
STREET ADDRESS	6141 EVIAN PL.	
CITY-ST-ZIP	BOYTON BCH. FL 33437	

## 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 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 do 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:

Bernice Miller 1-17-97 (561) 495-1433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0043284

CR2E037 (9/96)