FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

FILED
Jan 30 1998 8:00am
Secretary of State

DOCUMENT # N07749 (7)

1. Corporation Name
SOUTH POINT SECTION NATIONAL COUNCIL OF JEWISH W OMEN, INC.

Principal Place of Business	Mailing Address
7350 KINGHURST DR. #302 HUNTINGTON LAKES DELRAY BEACH FL 33446 US	7350 KINGHURST DR. #302 HUNTINGTON LAKES DELRAY BEACH FL 33446 US

3. Date Incorporated or Qualified: 02/20/1985

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MILLER, BERNICE		1.2 NAME		
STREET ADDRESS	7350 KINGHURST DR. #302		1.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH. FL 33446		1.4 CITY-ST-ZIP		
TITLE	CP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BASHOVER, BEATRICE		2.2 NAME		
STREET ADDRESS	3165 NW 6TH ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH. FL 33446		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	NEWMAN, RUTH		3.2 NAME		
STREET ADDRESS	15075 WITNEY RD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SPECTOR, NORMA		4.2 NAME		
STREET ADDRESS	1 ABBEY LANE #103		4.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH FL 33446		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	Director	☐ Change ☒ Addition
NAME	SUSSMAN, CONNIE		5.2 NAME	Muriel Shapiro	
STREET ADDRESS	7310 ASHFORD PL. #407		5.3 STREET ADDRESS	15109 Ashland Drive	
CITY-ST-ZIP	DELRAY BCH. FL 33446		5.4 CITY-ST-ZIP	Delray Beach, Fl 33484	
TITLE	D	x ☒ DELETE	6.1 TITLE	Director	☐ Change ☒ Addition
NAME	MAISEL, CECILIA		6.2 NAME	Rhoda Kopan	
STREET ADDRESS	6141 EVIAN PL.		6.3 STREET ADDRESS	14916 Pepper Mill Lane	
CITY-ST-ZIP	BOYTON BCH. FL 33437		6.4 CITY-ST-ZIP	Delray Beach, Fl. 33484	

CR2E037 (10/97)

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: Bernice Miller Bernice Miller President 561-495-1433