

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07749

FILED
Jan 19, 2004
Secretary of State**Entity Name:** SOUTH POINT SECTION NATIONAL COUNCIL OF JEWISH WOMEN, INC.**Current Principal Place of Business:**5020 PETAL PL #D
DELRAY BEACH, FL 33484 US**New Principal Place of Business:****Current Mailing Address:**5020 PETAL PL #D
DELRAY BEACH, FL 33484 US**New Mailing Address:****FEI Number:** 59-2495167**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SMALL, NINA D
5020 PETAL PL #D
DELRAY BEACH, FL 33484**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date**OFFICERS AND DIRECTORS:**

Title: CP () Delete
Name: GOLDSTEIN, MARILYN
Address: 15126 ASHLAND DR G 229
City-St-Zip: DELRAY BEACH, FL 33484

Title: CP () Delete
Name: SPECTOR, NORMA
Address: 1 ABBEY LANE #103
City-St-Zip: DELRAY BEACH, FL 33446

Title: T () Delete
Name: SMALL, NINA A
Address: 5020 PETAL PL #D
City-St-Zip: DELRAY BEACH, FL 33484

Title: D () Delete
Name: SELIGMAN, NORMA
Address: 14808 HIDEAWAY LAKE LANE
City-St-Zip: DELRAY BEACH, FL 33484

Title: D () Delete
Name: NEWMAN, RUTH
Address: 15075 WITNEY RD
City-St-Zip: DELRAY BEACH, FL 33484

Title: D () Delete
Name: EPSTEIN, PEARL
Address: 6387 MOONSTONE WAY
City-St-Zip: DELRAY BEACH, FL 33484

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: GOLDSTEIN, MARILYN
Address: 15126 ASHLAND DR G 229
City-St-Zip: DELRAY BEACH, FL 33484

Title: VP (X) Change () Addition
Name: SPECTOR, NORMA
Address: 1 ABBEY LANE #103
City-St-Zip: DELRAY BEACH, FL 33446

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NINA D. SMALL

TREA

01/19/2004

Electronic Signature of Signing Officer or Director_____
Date