


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N07749</b> 1. Entity Name <b>SOUTH POINT SECTION NATIONAL COUNCIL OF JEWISH WOMEN, INC.</b>	
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Principal Place of Business <b>5020 PETAL PL #D DELRAY BEACH, FL 33484 US</b>	Mailing Address <b>5020 PETAL PL #D DELRAY BEACH, FL 33484 US</b>
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**DO NOT WRITE IN THIS SPACE**



01162007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-2495167</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>SMALL, NINA D 5020 PETAL PL #D DELRAY BEACH, FL 33484</b>
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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LAPIDESE, PHYLLIS 1247 CRYSTAL POINT DRIVE SUITE 201 BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SPECTOR, NORMA 1 ABBEY LANE #103 DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMALL, NINA D 5020 PETAL PL #D DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BANKE, MARGOT 5411 LONDON CIRCLE BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIAMOND, JOAN 15075 WITNEY ROAD #A112 DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EPSTEIN, PEARL 6387 MOONSTONE WAY DELRAY BEACH, FL 33484

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01/26/07-80019-006 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: NINA D. SMALL** *Nina D. Small* **1/19/07** **56-45-2928**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #