

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2003 8:00 am
Secretary of State

02-19-2003 90165 003 ****61.25

DOCUMENT # N07749

1. Entity Name

SOUTH POINT SECTION NATIONAL COUNCIL OF JEWISH WOMEN, INC.



Principal Place of Business

**5020 PETAL PL #D
DELRAY BEACH FL 33484
US**

Mailing Address

**5020 PETAL PL #D
DELRAY BEACH FL 33484
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2495167**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SMALL, NINA D
5020 PETAL PL #D
DELRAY BEACH FL 33484**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 NINA D. SMALL

Nina D. Small

2/14/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CP** ☒ Delete
NAME **WARNER, ETHEL**
STREET ADDRESS **10148 S 40TH DRIVE**
CITY-ST-ZIP **BOYNTON BEACH FL 33436**

TITLE **D** ☒ Change ☒ Addition
NAME **MARILYN GOLDSTEIN**
STREET ADDRESS **15126 ASHLAND DR G229**
CITY-ST-ZIP **DELRAY BEACH FL 33484**

TITLE **CP** ☐ Delete
NAME **SPECTOR, NORMA**
STREET ADDRESS **1 ABBEY LANE #103**
CITY-ST-ZIP **DELRAY BEACH FL 33446**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **SMALL, NINA A**
STREET ADDRESS **5020 PETAL PL #D**
CITY-ST-ZIP **DELRAY BEACH FL 33484**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **SELIGMAN, NORMA**
STREET ADDRESS **14808 HIDEAWAY LAKE LANE**
CITY-ST-ZIP **DELRAY BEACH FL 33484**

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **NEWMAN, RUTH**
STREET ADDRESS **15075 WITNEY RD**
CITY-ST-ZIP **DELRAY BEACH FL 33484**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **EPSTEIN, PEARL**
STREET ADDRESS **6387 MOONSTONE WAY**
CITY-ST-ZIP **DELRAY BEACH FL 33484**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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: **SIGNATURE REQUIRED**

2/14/03

561-495-2928

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)