

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90375 007 \*\*\*\*61.25

**14004832**



<b>DOCUMENT # N47131</b> 1. Entity Name <b>BOCA RATON COMPUTER SOCIETY, INC.</b>					
Principal Place of Business <b>436 SW 4TH AVE BOYNTON BEACH, FL 33435 US</b>			Mailing Address <b>436 SW 4TH AVE BOYNTON BEACH, FL 33435 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>65-0322952</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND BLVD. PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SEGAL, OSCAR</b> <b>7703 STIRLING BRIDGE, NO</b> <b>DELRAY BEACH, FL 33446</b>	<input type="checkbox"/> Delete	<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RUTSTEIN, GERALD</b> <b>6361 VIA VENETIA, NORTH</b> <b>DELRAY BEACH, FL 33484</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Irwin Baumel</b> <b>7732 Mansfield Hollow Rd</b> <b>Delray Beach FL 33446</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>KRUPOWIES, LORRAINE M.</b> <b>436 SW 4TH AVE.</b> <b>BOYNTON BEACH, FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Richard Miller</b> <b>7470 San Clemente Pl</b> <b>Boca Raton FL 33433</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CUMMINS, RICHARD</b> <b>6378 CASABELLA LANE</b> <b>BOCA RATON, FL 33433</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Marvin Wolf</b> <b>14190 Castlerock Way</b> <b>Delray Beach FL 33446</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VR</b> <b>SILVER, STANLEY L</b> <b>7922 STIRLING BRIDGE BLVD</b> <b>DELRAY BEACH, FL 33446</b>	<input checked="" type="checkbox"/> Delete	(Empty row for additions/changes)		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>MARCUSE, BILL</b> <b>6131 SUNRISE POINTE COURT</b> <b>DELRAY BEACH, FL 33483</b>	<input type="checkbox"/> Delete	(Empty row for additions/changes)		
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.					
<b>SIGNATURE:</b> <u>Lorraine M. Krupowies</u> <b>4-12-04</b> <b>5761-734-5985</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					