FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 9:12

DOCUMENT # N94000004939 (4)

1. Corporation Name

FRIENDS OF THE BOYNTON BEACH COMMUNITY LIFE CENT ER INC.

Principal Place of Business	Mailing Address
136 N.W. 12TH AVENUE BOYNTON BEACH FL 33435	136 N.W. 12TH AVENUE BOYNTON BEACH FL 33435

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/06/1994
3a. Date of Last Report: N/A
4. FEI Number: 59-3168989 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ 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

MOSES, DEREK A
136 N.W. 12TH AVENUE
BOYNTON BEACH FL 33435

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 607.0502 and 607.1508, 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 607.0505, 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	D	1.1 TITLE	☐ Change ☐ Addition
NAME	MOSES, DEREK A	1.2 NAME	
STREET ADDRESS	5819 NORTHPOINTE LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	HIRST-CHAPEL, MELISSA	2.2 NAME	
STREET ADDRESS	1301 N. CONGRESS AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	COLLINS, MALINDA	3.2 NAME	
STREET ADDRESS	504 N.W. 3RD STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	HARRIS, KATHY	4.2 NAME	
STREET ADDRESS	6385 COUNTY FAIR CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	HAWKINS, WILFRED	5.2 NAME	
STREET ADDRESS	3203 WATERVIEW CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM SPRINGS FL 33461	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	ZYTO, DON	6.2 NAME	Resigned from board
STREET ADDRESS	105 N. CONGRESS AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33426-4293	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Malinda Collins 1-24-95 407/732-2113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

004A01