2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006 08:00 AM
Secretary of State

DOCUMENT # N94000004939

1. Entity Name
BOYNTON COMMUNITY FAMILIES AND FRIENDS NETWORK INC.

Principal Place of Business	Mailing Address
1331 N.W. 27TH AVE. BOYNTON BEACH, FL 33426 US	1331 N.W. 27TH AVE. BOYNTON BEACH, FL 33426 US

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01072006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-3168989
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, SARAH
1331 N.W. 27TH AVE.
BOYNTON BEACH, FL 33426

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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.

U00000381752
01/11/06-80067-018 61.25

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CMD
NAME	WILLIAMS, SARAH
STREET ADDRESS	1331 S. WEST 27TH AVENUE
CITY-ST-ZIP	BOYNTON BEACH, FL
TITLE	S
NAME	HERBERT, SANDRA
STREET ADDRESS	7110 BRUNSWICK CIR.
CITY-ST-ZIP	BOYNTON BEACH, FL 33437
TITLE	T
NAME	NORFINS, PEARL
STREET ADDRESS	7249 W. WILLOW SPRING CIR.
CITY-ST-ZIP	BOYNTON BEACH, FL 33436
TITLE	D
NAME	BECKLES, ELLINGTON
STREET ADDRESS	310 NW 16TH CT.
CITY-ST-ZIP	BOYNTON BEACH, FL 33435
TITLE	D
NAME	PPINDER, NORMA
STREET ADDRESS	150 NW 18TH AVE.
CITY-ST-ZIP	BOYNTON BEACH, FL 33435
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Sarah Williams 1/7/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #