## 2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## DOCUMENT # N94000004939

1. Entity Name

## BOYNTON COMMUNITY FAMILIES AND FRIENDS



**FILED** Feb 06, 2008 08:00 Al tary of State

	Secret

NETWO	RK INC.			′	
Principal Place of Business Mailing Address  1331 N.W. 27TH AVE. BOYNTON BEACH FL 33426 US  Mailing Address  1331 N.W. 27TH AVE. BOYNTON BEACH FL 33426 US					
		BOYNTON BEACH FL 33426			
2. Principa: I	Place of Business - No P.O. Box #	3. Mailing Address		7 18 11110 1 5(2 4 1111 5 15 2 1 5 111 1 5 111 1 5 111 1 5 111 1 5 1 1 5 1 1 5 1 1 5 1 1 5 1 1 5 1 1 5 1 1 5 1	
Suite, Apt	. #, etc	Suite, Apt. #, etc.		1st MOORE CR2E037 (10/07)	
City & Sta	te	City & State		4. FEI Number	
Zip	Country	Zıp	Country	S. Certificate of Status Desired	
•	6. Name and Address of Current	L L L L L L L L L L L L L L L L L L L		7. Name and Address of New Registered Agent	
			Name		
WILLIAMS, SARAH 1331 N.W. 27TH AVE. BOYNTON BEACH FL 33426		Street Addres	ss (P.O. Box Number is Not Acceptable)		
ьо	THION BEACH PL 33420		City	<b>₽</b> Z:p Code	
				<u> FL</u>	
	a named entity submits this statement fo tions of registered agent,	r the purpose of changing its re	egistered office or regis	stered agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE					
	Signature, typod or primad name of registered agent:	and the daspication (NOTE)	Req stare 1 Agent sîçinature (eçi )	rcci when renslating) CATE	
	FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Camp Trust Fund Co		\$5.00 May Be Added to Fees Florida Department of State	
10.	OFFICERS AND DIE	RECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TATLE NAME STREET ADDRESS CITY-ST-ZIP	CMD WILLIAMS, SARAH 1331 S. WEST 27TH AVENUE BOYNTON BEACH FL	☐ Delate	TITLE NAME STREET ADDRESS CITY - ST - Z-P	☐ Change ☐ Addition U00000817154 02/14/08-80082-015 61.25	
TITLE	S	☐ Delete	<del></del>	Change AddUse	
NAME STREET ADDRESS CITY-ST-ZIP	HERBERT, SANDRA 7110 BRUNSWICK CIR. BOYNTON BEACH FL 33437	∟i Detale	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME SIRFET ADDRESS CITY-ST-ZIP	T NORFINS, PEARL 7249 W. WILLOW SPRING CIR. BOYNTON BEACH FL 33436	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addit:or	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BECKLES, ELLINGTON 310 NW 16TH CT. BOYNTON BEACH FL 33435	□ Deleta	DILE NAME STREET ADDRESS CITYAST-ZIP	☐ Change ☐ Addition	
TOTLE NAME STREET ADDRESS CITY-ST-ZIP	D PPINDER, NORMA 150 NW 18TH AVE. BOYNTON BEACH FL 33435	☐ Delete	TITLE NAME STREET ANDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
THE NAME		☐ Delete	TITLE NAME	☐ Change ☐ Addition	

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

CITY-ST-ZIP

**SIGNATUR** 

CITY-ST-ZIP