2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# N94000004939

Entity Name: BOYNTON COMMUNITY FAMILIES AND FRIENDS NETWORK INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3168989 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: CMD ( ) Delete
Name: WILLIAMS, SARAH
Address: 1331 S. WEST 27TH AVENUE
City-St-Zip: BOYNTON BEACH, FL

Title: S ( ) Delete
Name: HERBERT, SANDRA
Address: 7110 BRUNSWICK CIR.
City-St-Zip: BOYNTON BEACH, FL 33437

Title: T ( ) Delete
Name: NORFINS, PEARL
Address: 7249 W. WILLOW SPRING CIR.
City-St-Zip: BOYNTON BEACH, FL 33436

Title: D ( ) Delete
Name: BECKLES, ELLINGTON
Address: 310 NW 16TH CT.
City-St-Zip: BOYNTON BEACH, FL 33435

Title: D ( ) Delete
Name: PPINDER, NORMA
Address: 150 NW 18TH AVE.
City-St-Zip: BOYNTON BEACH, FL 33435

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SARAH WILLIAMS 1 04/13/2009
Electronic Signature of Signing Officer or Director Date