

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 14 AM 9:53

DOCUMENT # 715611 (0)

1. Corporation Name

BOYNTON BEACH HISTORICAL SOCIETY, INC.

Principal Place of Business

Mailing Address

**P.O. BOX 12
BOYNTON BEACH FL 33425
US**

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BOYNTON BEACH FL 33425
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/22/1968

3a. Date of Last Report

07/15/1994

4. FEI Number

59-2465514

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.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MORITZ, LINDA
746 N.W. 1ST AVENUE
BOYNTON BEACH FL 33426**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	WEAVER, CURTIS A.
STREET ADDRESS	4384 CARYOTA DRIVE
CITY-ST-ZIP	BOYNTON BEACH FL
TITLE	V
NAME	PADGETT, TEREESA
STREET ADDRESS	222 N.W. 1ST AVENUE
CITY-ST-ZIP	BOYNTON BCH FL
TITLE	D
NAME	FARACE, VIRGINIA
STREET ADDRESS	208 S. SEACREST BLVD.
CITY-ST-ZIP	BOYNTON BCH FL
TITLE	D
NAME	MARTIN, JOHN
STREET ADDRESS	323 S.W. 11TH AVENUE
CITY-ST-ZIP	BOYNTON BCH FL
TITLE	S
NAME	MORITZ, LINDA
STREET ADDRESS	746 N.W. 1ST AVENUE
CITY-ST-ZIP	BOYNTON BEACH FL
TITLE	T
NAME	MCGREGOR, AL
STREET ADDRESS	831 S.W. 33RD PLACE
CITY-ST-ZIP	BOYNTON BCH FL

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☒ Change ☐ Addition
6.2 NAME	BEAMAN, SUE
6.3 STREET ADDRESS	270 D HIGH POINT COURT
6.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33425

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)(k), 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: Sue Beaman (Sue BEAMAN)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/95 (407) 355-2203

Date

Telephone Number