

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 23 1998 8:00am
Secretary of State

000782

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 715611

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1. Corporation Name

BOYNTON BEACH HISTORICAL SOCIETY, INC.

Principal Place of Business

Mailing Address

P.O. BOX 12
BOYNTON BEACH FL 33425
US

P.O. BOX 12
BOYNTON BEACH FL 33425
US

3. Date Incorporated or Qualified

11/22/1968

4. FEI Number

59-2465514

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MORITZ, LINDA
6425 MONTEREY PINE LANE
LANTANA FL 33462

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 617.0502 and 617.1508, 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 617.0503, 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 OYER, HARVEY
STREET ADDRESS 511 E OCEAN AVENUE
CITY-ST-ZIP BOYNTON BEACH FL
☒ DELETE

1.1 TITLE P
1.2 NAME SMITH, VONCILE
1.3 STREET ADDRESS 490 N.W. 20th St. #16
1.4 CITY-ST-ZIP BOCA RATON, FL
☒ Change ☐ Addition

TITLE V
NAME SMITH, VONCILE
STREET ADDRESS 490 NW 20TH STREET #16
CITY-ST-ZIP BOCA RATON FL
☒ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE D
NAME FARACE, VIRGINIA
STREET ADDRESS 208 S. SEACREST BLVD.
CITY-ST-ZIP BOYNTON BCH FL
☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE D
NAME TRAUGER, DORIAN
STREET ADDRESS 717 GOLF COURT
CITY-ST-ZIP DELRAY BEACH FL
☒ DELETE

4.1 TITLE D
4.2 NAME OYER, HARVEY
4.3 STREET ADDRESS 511 E. OCEAN AVE.
4.4 CITY-ST-ZIP BOYNTON BEACH, FL
☒ Change ☐ Addition

TITLE S
NAME MORITZ, LINDA
STREET ADDRESS 6425 MONTEREY PINE LANE
CITY-ST-ZIP LANTANA FL
☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE T
NAME BEAMAN, SUE
STREET ADDRESS 1200 HIGH POINT CIRCLE
CITY-ST-ZIP BOYNTON BEACH FL
☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS 12 A CROSSING CIRCLE
6.4 CITY-ST-ZIP BOYNTON BEACH, FL
☒ Change ☐ Addition

14. I hereby certify that the information supplied with this filing 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:

Sue Beaman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/98

Date

561-355-2203

Daytime Phone #

CR2E037 (5/98)