2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # 715611

1. Entity 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

04152004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-2465514
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BEAMAN, SUE
2010 SW 15TH ST
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.

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, 2004

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

U00000122883
04/21/04-80048-022 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SMITH, VONCILE
STREET ADDRESS	1747 BANYAN CREEK CT
CITY-ST-ZIP	BOYNTON BEACH, FL 33436
TITLE	D
NAME	FARACE, VIRGINIA
STREET ADDRESS	208 S. SEACREST BLVD.
CITY-ST-ZIP	BOYNTON BCH, FL
TITLE	D
NAME	OYER, HARVEY
STREET ADDRESS	511 EAST OCEAN AVE.
CITY-ST-ZIP	BOYNTON BEACH, FL
TITLE	S
NAME	THOMAS, BETTY M
STREET ADDRESS	331 SW 11TH AVE
CITY-ST-ZIP	BOYNTON BEACH, FL 33435
TITLE	T
NAME	BEAMAN, SUE
STREET ADDRESS	2010 S.W. 15TH STREET
CITY-ST-ZIP	BOYNTON BEACH, FL 33426
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 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: Sue Beaman (SUE BEAMAN) 4/16/04 561-732-8702
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #