

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715611

FILED
Apr 28, 2005
Secretary of State

Entity Name: BOYNTON BEACH HISTORICAL SOCIETY, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2465514

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEAMAN, SUE
2010 SW 15TH ST
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: P () Delete
Name: SMITH, VONCILE
Address: 1747 BANYAN CREEK CT
City-St-Zip: BOYNTON BEACH, FL 33436

Title: D () Delete
Name: FARACE, VIRGINIA
Address: 208 S. SEACREST BLVD.
City-St-Zip: BOYNTON BCH, FL

Title: D () Delete
Name: OYER, HARVEY
Address: 511 EAST OCEAN AVE.
City-St-Zip: BOYNTON BEACH, FL

Title: S () Delete
Name: THOMAS, BETTY M
Address: 331 SW 11TH AVE
City-St-Zip: BOYNTON BEACH, FL 33435

Title: T () Delete
Name: BEAMAN, SUE
Address: 2010 S.W. 15TH STREET
City-St-Zip: BOYNTON BEACH, FL 33426

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 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 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: VONCILE M. SMITH

P

04/28/2005

Electronic Signature of Signing Officer or Director

Date