

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36823

FILED
Jan 16, 2008
Secretary of State

Entity Name: BOYNTON WOMAN'S CLUB

Current Principal Place of Business:

1010 S FEDERAL HWY
BOYNTON BEACH, FL 33425 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1135
BOYNTON BEACH, FL 33425

New Mailing Address:

FEI Number: 59-6134516

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SABLE, CYNTHIA
6609 ASTON LANE
BOYNTON BEACH, FL 33437 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: SABLE, CYNTHIA
Address: 6609 ASTON LANE
City-St-Zip: NOYNTON BEACH, FL 33437

Title: 1VP () Delete
Name: MOORE, DOROTHY
Address: 6609 ASTON LANE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: 2VP () Delete
Name: SCHEITLER, MARY
Address: 81 CEDAR CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33435

Title: T () Delete
Name: JALOVEC, SHERRY
Address: 6666 JOG PALM DR.
City-St-Zip: BOYNTON BEACH, FL 33437

Title: S () Delete
Name: BAKER, KAY
Address: 3303 HAYDEN CT
City-St-Zip: BOYNTON BEACH, FL 33436

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: SHARON JALOVEC

TREA

01/16/2008

Electronic Signature of Signing Officer or Director

Date