

**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

APPROVED  
AND  
FILED

95 MAR 23 AM 11:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 705531 (2)**

1. Corporation Name  
**SOROPTIMIST INTERNATIONAL OF BOYNTON BEACH-DELA  
Y BEACH, INC.**

Principal Place of Business Mailing Address  
P.O. BOX 1325 P.O. BOX 1325  
BOYNTON BCH FL 33425 BOYNTON BCH FL 33425

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/26/1963** 3a. Date of Last Report **04/26/1994**  
4. FEI Number **59-6209869** 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 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

**HOWARD COREEN D  
3300 CHURCH HILL DR  
BOYNTON BCH FL 33435**

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 **D**  
NAME **HOLLINGSHEAD, AGNES**  
STREET ADDRESS **1325 S CONGRESS AVE, STE 247**  
CITY-ST-ZIP **BOYNTON BCH FL**  
TITLE **VP**  
NAME **VP MORGAN, LINDA**  
STREET ADDRESS **27 S SWINTON AVE**  
CITY-ST-ZIP **DELRAY BCH FL**  
TITLE **S**  
NAME **FENG FISH, NANCY**  
STREET ADDRESS **3748 E SANDPIPER DR #3**  
CITY-ST-ZIP **BOYNTON BEACH FL**  
TITLE **T**  
NAME **BRODE, ALICE J**  
STREET ADDRESS **4249 PALO VERDE DR**  
CITY-ST-ZIP **BOYNTON BCH FL**  
TITLE **D**  
NAME **HORN, CHRISTINE M.**  
STREET ADDRESS **3469 W BOYNTON BCH BLVD**  
CITY-ST-ZIP **BOYNTON BCH, FL 00000**  
TITLE **D**  
NAME **HORN, CHRISTINE**  
STREET ADDRESS **3469 W BOYNTON BCH BLVD**  
CITY-ST-ZIP **BOYNTON BCH FL**

1.1 TITLE  Change  Addition  
1.2 NAME **D HOWARD, COREEN D**  
1.3 STREET ADDRESS **3300 Church Hill DR**  
1.4 CITY-ST-ZIP **BOYNTON Bch, FL 33435**  
2.1 TITLE  Change  Addition  
2.2 NAME **D Sheppard, BECKY**  
2.3 STREET ADDRESS **7742 TRESCOFF DR**  
2.4 CITY-ST-ZIP **LAKELAND, FL 33467**  
3.1 TITLE  Change  Addition  
3.2 NAME **VP, D SHORMAN, GEORGIANA**  
3.3 STREET ADDRESS **1208 NW 17th ST**  
3.4 CITY-ST-ZIP **BOYNTON Bch, FL 33426**  
4.1 TITLE  Change  Addition  
4.2 NAME **D KNIGHT, TAM**  
4.3 STREET ADDRESS **3001 LINTON BLVD #201C**  
4.4 CITY-ST-ZIP **DELRAY BEACH, FL**  
5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS **Delete**  
5.4 CITY-ST-ZIP  
6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS **Delete**  
6.4 CITY-ST-ZIP

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 110.07(3)(b), 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: **Georgiana Shorman GEORGIANA SHORMAN** 2/1/95 409-732-1545  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR