

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 705531 (2)

1. Corporation Name

SOROPTIMIST INTERNATIONAL OF BOYNTON BEACH-DELRA  
Y BEACH, INC.



Principal Place of Business

Mailing Address

P.O. BOX 1325  
BOYNTON BCH FL 33425

P.O. BOX 1325  
BOYNTON BCH FL 33425

3. Date Incorporated or Qualified  
04/26/1963

3a. Date of Last Report  
03/23/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

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  
CHRISTINE M. HORN  
82 Street Address (P.O. Box Number is Not Acceptable)  
3469 W. Boynton Beach Blvd #18  
83  
84 City  
Boynton Beach FL 85 Zip Code  
33436

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
HOWARD, COREEN D.  
3300 CHURCH HILL DR.  
BOYNTON BCH FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SHEPARD, BECKY  
7442 TRESCOTT DRIVE  
LAKE WORTH FL

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPD  
SHORMAN, GEORGIANA  
1208 NW 7TH ST  
BOYNTON BCH. FL

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
KNIGHT, TAM  
3001 LINTON BLVD., #201C  
DELRAY BEACH FL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
VICE-PRESIDENT Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
CHRISTINE HORN

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
D  
CHRISTINE HORN  
3469 W. Boynton Beach Blvd  
Boynton Beach FL 33436 Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
Change Addition

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 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (3/96)