


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
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DOCUMENT # 705531 (2)
 1. Corporation Name
SOROPTIMIST INTERNATIONAL OF BOYNTON BEACH-DELRA Y BEACH, INC.



Principal Place of Business P.O. BOX 1325 BOYNTON BCH FL 33425	Mailing Address P.O. BOX 1325 BOYNTON BCH FL 33425
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3. Date Incorporated or Qualified 04/26/1963	3a. Date of Last Report 03/23/1995
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2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

4. FEI Number 59-6209869	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
**HOWARD COREEN D
 3300 CHURCH HILL DR
 BOYNTON BCH FL 33435**

10. Name and Address of New Registered Agent
 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 *Christine M. Horn* **CHRISTINE M. HORN** DATE **7/12/96**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	D	<input checked="" type="checkbox"/>
NAME	HOWARD, COREEN D.	
STREET ADDRESS	3300 CHURCH HILL DR.	
CITY-ST-ZIP	BOYNTON BCH FL	
TITLE	D	<input type="checkbox"/>
NAME	SHEPARD, BECKY	
STREET ADDRESS	7442 TRECOTT DRIVE	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	VPD	<input type="checkbox"/>
NAME	SHORMAN, GEORGIANA	
STREET ADDRESS	1208 NW 7TH ST	
CITY-ST-ZIP	BOYNTON BCH. FL	
TITLE	D	<input type="checkbox"/>
NAME	KNIGHT, TAM	
STREET ADDRESS	3001 LINTON BLVD., #201C	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input type="checkbox"/>
NAME	CHRISTINE HORN	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	VICE-PRESIDENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.2 NAME	CHRISTINE HORN		
5.3 STREET ADDRESS	3469 W. Boynton Beach Blvd		
5.4 CITY-ST-ZIP	Boynton Beach FL 33436		
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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 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: *Christine M. Horn* Director DATE **7/12/96** 401-736-2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)