


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 21 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>		 <b>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # 705531 (2)</b> 1. Corporation Name <b>SOROPTIMIST INTERNATIONAL OF BOYNTON BEACH-DELRAY BEACH, INC.</b>			
Principal Place of Business <b>P.O. BOX 1325 BOYNTON BCH FL 33425</b>		Mailing Address <b>P.O. BOX 1325 BOYNTON BCH FL 33425-1325</b>	
2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip Country <b>24</b> <b>25</b>		2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip Country <b>29</b> <b>30</b>	
3. Date Incorporated or Qualified <b>04/26/1963</b>		3a. Date of Last Report <b>07/18/1996</b>	
4. FEI Number <b>59-6209869</b>		Applied For <b>Not Applicable</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for Intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>HORN, CHRISTINE M 3469 W. BOYNTON BEACH BLVD. #18 BOYNTON BCH FL 32436</b>		10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code	
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			
TITLE	<b>D</b> <input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	<b>SHEPARD, BECKY</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>7442 TRESCOTT DRIVE</b>	1.2 NAME	
CITY-ST-ZIP	<b>LAKE WORTH FL</b>	1.3 STREET ADDRESS	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
NAME	<b>SHORMAN, GEORGIANA</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>1208 NW 7TH ST</b>	2.2 NAME	
CITY-ST-ZIP	<b>BOYNTON BCH. FL</b>	2.3 STREET ADDRESS	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
NAME	<b>KNIGHT, TAM</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>3001 LINTON BLVD., #201C</b>	3.2 NAME	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	3.3 STREET ADDRESS	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
NAME	<b>HORN, CHRISTINE</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>3469 W. BOYNTON BEACH BLVD.</b>	4.2 NAME	
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33432</b>	4.3 STREET ADDRESS	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
NAME	<b>DILLON, GLENNA</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>6503 NORTH MILITARY TRAIL</b>	5.2 NAME	
CITY-ST-ZIP	<b>BOCA RATON, FL. 33496</b>	5.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
NAME		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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: <b>CHRISTINE M. HORN</b> <b>561-7362003</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0041664			

CR2E037 (9/96)