

**FILE NOW: FILING FEE IS \$61.25**

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**Apr 21 1997 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 33425-1325

3. Date Incorporated or Qualified **04/26/1963** 3a. Date of Last Report **07/18/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-6209869</b>	Applied For Not Applicable
21	26	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
22	27	8. This corporation has liability for Intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
City & State	City & State		
23	28		
Zip	Country		
24	25	29	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>HORN, CHRISTINE M 3469 W. BOYNTON BEACH BLVD. #18 BOYNTON BCH FL 32436</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b> 85 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHEPARD, BECKY</b>	1.2 NAME	
STREET ADDRESS	<b>7442 TRECOTT DRIVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE WORTH FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHORMAN, GEORGIANA</b>	2.2 NAME	
STREET ADDRESS	<b>1208 NW 7TH ST</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOYNTON BCH. FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KNIGHT, TAM</b>	3.2 NAME	
STREET ADDRESS	<b>3001 LINTON BLVD., #201C</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HORN, CHRISTINE</b>	4.2 NAME	
STREET ADDRESS	<b>3469 W. BOYNTON BEACH BLVD.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33432</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DILLON, GLENNA</b>	5.2 NAME	
STREET ADDRESS	<b>6503 NORTH MILITARY TRAIL</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON, FL. 33496</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(A), 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* **CHRISTINE M. HORN** *Jan 14, 1997* **Jan 14, 1997** *561-7362003* **561-7362003**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0041664

CR2E037 (9/96)