

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 04, 1999 8:00 am  
Secretary of State

03-04-1999 90014 023 \*\*\*\*61.25

DOCUMENT # 705531

1. Corporation Name

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

Principal Place of Business

P.O. BOX 1325  
BOYNTON BCH FL 33425-1325

Mailing Address

P.O. BOX 1325  
BOYNTON BCH FL 33425-1325



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

04/26/1963

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

9. Name and Address of Current Registered Agent

HORN, CHRISTINE M  
3469 W. BOYNTON BEACH BLVD. #18  
BOYNTON BCH FL 32436

10. Name and Address of New Registered Agent

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

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

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

TITLE S  
NAME HORN, CHRISTINE  
STREET ADDRESS 3469 W. BOYNTON BEACH BLVD.  
CITY-ST-ZIP BOYNTON BEACH FL 33432

TITLE T  
NAME DILLON, GLENNA  
STREET ADDRESS 6503 NORTH MILITARY TRAIL  
CITY-ST-ZIP BOCA RATON FL 33496

TITLE VP  
NAME SCARBORO, KATHY  
STREET ADDRESS 5050 PACIFIC BLVD, SUITE 1124  
CITY-ST-ZIP BOCA RATON FL 33433

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

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

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-09-99

Date

(561) 722-6306

Daytime Phone #

CR2E037 (11/98)