

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 90020 007 ****61.25

DOCUMENT # 705531

1. Entity Name

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

Principal Place of Business

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6209869

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	KNIGHT, TAM	
STREET ADDRESS	3001 LINTON BLVD., #201C	
CITY-ST-ZIP	DELRAY BEACH FL 33445	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	SHORMAN, GEORGIANA	
STREET ADDRESS	1208 NW 7TH ST	
CITY-ST-ZIP	BOYNTON BCH. FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Delete
NAME	KNIGHT, TAM	
STREET ADDRESS	3001 LINTON BLVD., #201C	
CITY-ST-ZIP	DELRAY BEACH FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S	<input type="checkbox"/> Delete
NAME	HORN, CHRISTINE	
STREET ADDRESS	3469 W. BOYNTON BEACH BLVD.	
CITY-ST-ZIP	BOYNTON BEACH FL 33432	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T	<input type="checkbox"/> Delete
NAME	SHORMAN, GEORGIANA	
STREET ADDRESS	1208 NW 7TH ST	
CITY-ST-ZIP	BOYNTON BCH FL 33426	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	<input type="checkbox"/> Delete
NAME	HORN, CHRISTINE M	
STREET ADDRESS	3469 BOYNTON BCH BLVD STE 18	
CITY-ST-ZIP	BOYNTON BCH FL 33436	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 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**

Date

Daytime Phone #

2/25/02 **561-736-2002**

CR2E037 (9/01)