

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90081 025 ****61.25

DOCUMENT # 705531

1. Entity Name
SOROPTIMIST INTERNATIONAL OF BOYNTON BEACH-DELRAY 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**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-6209869**

Applied For
Not Applicable

Zip Country Zip Country

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

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

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **KNIGHT, TAM**
STREET ADDRESS **3001 LINTON BLVD., #201C**
CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
NAME **BONNIE RAYCROFT**
STREET ADDRESS **213 SHERWOOD FOREST DR.**
CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE **T** ☒ Delete
NAME **SHORMAN, GEORGIANA**
STREET ADDRESS **1208 NW 7TH ST**
CITY-ST-ZIP **BOYNTON BCH FL 33426**

TITLE ☒ Change ☐ Addition
NAME **BEVERLY BEGUESSE**
STREET ADDRESS **9142 INDIAN RIVER RUN**
CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE **VP** ☐ Delete
NAME **HORN, CHRISTINE M**
STREET ADDRESS **3469 BOYNTON BCH BLVD STE 18**
CITY-ST-ZIP **BOYNTON BCH FL 33436**

TITLE ☐ Change ☐ 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]

1-30-03

561736-2023

CR2E037 (10/02)