

FILE NOW: FILING FEE IS \$61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 MAY -1 AM 9:58

SECRETARY OF STATE



DOCUMENT # 708544

(2)

1. Corporation Name

BOYSTOWN OF FLORIDA, INC.

Principal Place of Business

11400 S.W. 137TH AVE.
MIAMI FL 33186

Mailing Address

11400 S.W. 137TH AVE.
MIAMI FL 33186

3. Date Incorporated or Qualified
02/25/1965

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

4. FCI Number

50-1085320

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

**FITZGERALD, J. PATRICK
110 MERRICK WAY
SUITE 3-B
CORAL GABLES FL 33134**

9. Name and Address of Current Registered Agent

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 the FCI number

NOTE: Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D
WIESMANN, GARY
11400 SW 137TH AVE
MIAMI, FL 00000**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**T
PROBST, BERNARD I.
2 SOUTH BISCAYNE BLVD.
MIAMI FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**P
MYRTETUS, JOSEPH
2222 PONCE DE LEON, STE 800
CORAL GABLES FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D
WALSH, BRYAN O
9401 BISCAYNE BLVD.
MIAMI FL 33138**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**S
LANIER, JAMES A II
11801 S.W. 68TH COURT
MIAMI FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**VD
SCHWARTZ, MARJORIE
1826 PONCE DE LEON BLVD.
CORAL GABLES FL**

☐ DELETE

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

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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: Negar Bryan O. Walsh Bryan O. Walsh

1/11/96

305/754-2444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

On-line Phone #

CR2007 (12/95)

05/01/96