

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

DOCUMENT # **709692** (8)

1. Corporation Name

**PALM BEACH COUNTY CHAPTER OF THE SOCIETY FOR THE
PRESERVATION AND ENCOURAGEMENT OF BARBER SHOP Q**



Principal Place of Business

Mailing Address

**2393 SW 13TH AVENUE
BOYNTON BEACH FL 33426
US**

**2393 SW 13TH AVENUE
BOYNTON BEACH FL 33426
US**

3. Date Incorporated or Qualified
10/04/1965

3a. Date of Last Report
01/30/1995

2. Principal Place of Business

2a. Mailing Address

21 2419 NW 30th ROAD

26 2419 NW 30th ROAD

4. FEI Number
59-6152340

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

City & State
23 BOCA RATON, FL

City & State
28 BOCA RATON, FL

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

Zip Country
24 33431 25 USA

Zip Country
29 33431 30 USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STEWART, WILLIAM J.
2393 SW 13TH AVENUE
BOYNTON BEACH FL 33426**

81 Name **FERGUSON, DANNY L.**

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

83 **2419 NW 30th ROAD**

84 City **BOCA RATON** FL 85 Zip Code **33431**

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

Danny L. Ferguson
Signature, typed or printed name of registered agent and title if applicable

Secretary
(NOTE: Registered Agent signature required when reinstating)

5/31/96
DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **DELORENZO, LARRY**
STREET ADDRESS **2717 27TH COURT**
CITY-ST-ZIP **JUPITER FL**

TITLE **VD** ☐ DELETE
NAME **LONSWAY, JAMES**
STREET ADDRESS **14759 HIDEAWAY LAKE LANE**
CITY-ST-ZIP **DELRAY BEACH FL**

TITLE **VD** ☒ DELETE
NAME **GREENBERG, JERRY**
STREET ADDRESS **3146 VIA POINCIANA, APT. 105**
CITY-ST-ZIP **LAKE WORTH FL**

TITLE **V** ☐ DELETE
NAME **ALIPOULIOS, STEVE**
STREET ADDRESS **8157 PINE TREE LANE**
CITY-ST-ZIP **W.PALM BCH. FL**

TITLE **S** ☒ DELETE
NAME **STEWART, WILLIAM J.**
STREET ADDRESS **2393 SW 13TH AVENUE**
CITY-ST-ZIP **BOYNTON BEACH FL**

TITLE **T** ☒ DELETE
NAME **MOE, ROD**
STREET ADDRESS **2714 STARWOOD COURT**
CITY-ST-ZIP **WEST PALM BEACH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P/D** ☐ Change ☒ Addition
1.2 NAME **WEIR, EDWIN R**
1.3 STREET ADDRESS **4240 N. PALM FOREST DRIVE**
1.4 CITY-ST-ZIP **DELRAY BEACH, FL 33445**

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

3.1 TITLE **V/D** ☐ Change ☒ Addition
3.2 NAME **CHAMPA, ANTHONY**
3.3 STREET ADDRESS **13354 WHISPERING LAKE**
3.4 CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

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

5.1 TITLE **S** ☐ Change ☒ Addition
5.2 NAME **FERGUSON, DANNY L.**
5.3 STREET ADDRESS **2419 NW 30th ROAD**
5.4 CITY-ST-ZIP **BOCA RATON, FL 33431**

6.1 TITLE **T** ☐ Change ☒ Addition
6.2 NAME **KOCH, JOHN S.**
6.3 STREET ADDRESS **811 SKY PINE WAY, #C1**
6.4 CITY-ST-ZIP **WEST PALM BEACH, FL 33415**

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 119.07(3)(k), 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:

Danny L. Ferguson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/31/96 (56) 361-2782
Date Daytime Phone #

CR2E037 (12/95)