

FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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 <b>2419 NW 30TH ROAD BOCA RATON FL 33431 US</b>		Mailing Address <b>2419 NW 30TH ROAD BOCA RATON FL 33431-6214 US</b>	
2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>	
City & State <b>23</b>		City & State <b>28</b>	
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>
3. Date Incorporated or Qualified <b>10/04/1965</b>		3a. Date of Last Report <b>06/04/1996</b>	
4. FEI Number <b>59-6152340</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>FERGUSON, DANNY L. 2419 NW 30TH ROAD BOCA RATON FL 33431</b>		10. Name and Address of New Registered Agent	
<b>81</b> Name			
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)			
<b>83</b>			
<b>84</b> City		<b>FL</b>	<b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>P.D.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>DELORENZO, LARRY</b>		1.2 NAME <b>WEIR, EDWIN R.</b>	
STREET ADDRESS <b>2717 27TH COURT</b>		1.3 STREET ADDRESS <b>4240 PALM FOREST DRIVE NORTH</b>	
CITY-ST-ZIP <b>JUPITER FL</b>		1.4 CITY-ST-ZIP <b>DELRAY BEACH, FL 33445-5707</b>	
TITLE <b>VD</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LONSWAY, JAMES</b>		2.2 NAME	
STREET ADDRESS <b>14750 HIDEAWAY LAKE LANE</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>DELRAY BEACH FL</b>		2.4 CITY-ST-ZIP	
TITLE <b>VD</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CHAMPA, ANTHONY</b>		3.2 NAME	
STREET ADDRESS <b>13354 WHISPERING LAKE</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>PALM BEACH GARDENS FL</b>		3.4 CITY-ST-ZIP	
TITLE <b>V</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ALIPOULIOS, STEVE</b>		4.2 NAME	
STREET ADDRESS <b>8157 PINE TREE LANE</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>W.PALM BCH. FL</b>		4.4 CITY-ST-ZIP	
TITLE <b>S</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>FERGUSON, DANNY L.</b>		5.2 NAME	
STREET ADDRESS <b>2419 NW 30TH ROAD</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>BOCA RATON FL</b>		5.4 CITY-ST-ZIP	
TITLE <b>T</b>	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>KOCH, JOHN S.</b>		6.2 NAME	
STREET ADDRESS <b>811 SKY PINE WAY, #C1</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP <b>WEST PALM BEACH FL</b>		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE \_\_\_\_\_ DATE **5/20/97** (561) 361-2782

CR2E037 (9/96)