

FILE NOW: FILING FEE IS \$61.25

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Apr 17 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortherm</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

Mailing Address

**2419 NW 30TH ROAD  
BOCA RATON FL 33431  
US**

**2419 NW 30TH ROAD  
BOCA RATON FL 33431  
US**

3. Date Incorporated or Qualified

**10/04/1965**

4. FEI Number

**59-6152340**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

Country

**28** Zip

Country

**24** Zip

Country

**29** Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

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

Trust Fund Contribution ☐

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FERGUSON, DANNY L.  
2419 NW 30TH ROAD  
BOCA RATON FL 33431**

**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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WEIR, EDWIN R</b>	
STREET ADDRESS	<b>4240 PALM FOREST DRIVE NORTH</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	

TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>LONSWAY, JAMES</b>	
STREET ADDRESS	<b>14759 HIDEAWAY LAKE LANE</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	

TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CHAMPA, ANTHONY</b>	
STREET ADDRESS	<b>13354 WHISPERING LAKE</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL</b>	

TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>ALIPOULIOS, STEVE</b>	
STREET ADDRESS	<b>8157 PINE TREE LANE</b>	
CITY-ST-ZIP	<b>W.PALM BCH. FL</b>	

TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>FERGUSON, DANNY L.</b>	
STREET ADDRESS	<b>2419 NW 30TH ROAD</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	

TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>KOCH, JOHN S.</b>	
STREET ADDRESS	<b>811 SKY PINE WAY, #C1</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>CHAMPA, ANTHONY E.</b>	
1.3 STREET ADDRESS	<b>6172 CELADON CIRCLE</b>	
1.4 CITY-ST-ZIP	<b>PALM BEACH GARDENS, FL 33418</b>	

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

3.1 TITLE	<b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>GRAF, GEORGE</b>	
3.3 STREET ADDRESS	<b>11026 BAYBREEZE WAY</b>	
3.4 CITY-ST-ZIP	<b>BOCA RATON, FL 33428</b>	

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

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

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

14. 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 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* **DANNY L. FERGUSON 10 APR 98 (56) 361-2782**

CR2E037 (10/97)