

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715381

FILED
Feb 18, 2009
Secretary of State

Entity Name: BOCA RATON SOCIETY FOR THE DISABLED, INC.

Current Principal Place of Business:

306 NW 35TH STREET
BOCA RATON, FL 33431 US

New Principal Place of Business:

Current Mailing Address:

306 NW 35 ST
BOCA RATON, FL 33431 US

New Mailing Address:

FEI Number: 23-7000096

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPAMER, CHARLES
306 NW 35TH STREET
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

MUNDELL, LISA
306 NW 35TH STREET
BOCA RATON, FL 33431 US

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.

SIGNATURE: LISA MUNDELL, PRES

02/18/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: EARP, DAVID
Address: 3640 NORTH FEDERAL HWY
City-St-Zip: POMPANO BEACH, FL 33062

Title: P () Delete
Name: DAYE, SHERI
Address: 2515 NW 29TH DR
City-St-Zip: BOCA RATON, FL 33434

Title: S () Delete
Name: ANGIER, KIKI
Address: 7491 N. FEDERAL HWY
City-St-Zip: BOCA RATON, FL 33487

Title: D () Delete
Name: NAU, JAMES
Address: 17574 LAKE PARK RD
City-St-Zip: BOCA RATON, FL 33487

Title: TRES (X) Delete
Name: SPAMER, CHARLES
Address: 401 W ATLANTIC AVE, SUITE 0-B
City-St-Zip: DELRAY BEACH, FL 33444

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: NAU, JAMES
Address: 306 NW 35TH STREET
City-St-Zip: BOCA RATON, FL 33431

Title: P (X) Change () Addition
Name: MUNDELL, LISA
Address: 306 NW 35TH STREET
City-St-Zip: BOCA RATON, FL 33431

Title: S (X) Change () Addition
Name: DAURO, JANET
Address: 306 NW 35TH STREET
City-St-Zip: BOCA RATON, FL 33431

Title: TRES (X) Change () Addition
Name: POOLE, PHILIP D
Address: 306NW 35TH STREET
City-St-Zip: BOCA RATON, FL 33431

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA MUNDELL

PRES

02/18/2009

Electronic Signature of Signing Officer or Director

Date