

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90347 044 ****61.25

DOCUMENT # 718061

1. Entity Name
ROTARY CLUB OF BOYNTON BEACH/LANTANA, INC.



Principal Place of Business
**2802 SW 6 ST
BOYNTON BEACH, FL 33435 US**

Mailing Address
**PO BOX 357
BOYNTON BEACH, FL 33435 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01202004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-6155189

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KALEEL, KENNETH M ESQ.
KALEEL & ASSOCIATES
555 N. CONGRESS AVE., SUITE 301
BOYNTON BEACH, FL 33426**

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITILE **T** ☒ Delete
NAME **CAPPELLA, ARTHUR J**
STREET ADDRESS **1100 S FEDERAL HWY**
CITY-ST-ZIP **BOYNTON BCH, FL**

TITILE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITILE **T** ☐ Delete
NAME **MORIARTY, MARY**
STREET ADDRESS **1212 SW 22 AVE**
CITY-ST-ZIP **BOYNTON BEACH, FL 33426**

TITILE **T** ☒ Change ☐ Addition
NAME **Power, Jennifer**
STREET ADDRESS **3004 stirrup bay ct.**
CITY-ST-ZIP **Boynton Beach, FL 33436**

TITILE **D** ☐ Delete
NAME **CONDON, JOSEPH**
STREET ADDRESS **9816 S MILITARY TRAIL C2-4**
CITY-ST-ZIP **BOYNTON BEACH, FL 33436**

TITILE **S** ☒ Change ☐ Addition
NAME **Condon, Joseph**
STREET ADDRESS **9816 S. Military Trail C2-4**
CITY-ST-ZIP **Boynton Beach, FL 33436**

TITILE **P** ☐ Delete
NAME **DUNSON, ROGER**
STREET ADDRESS **4766 POSEIDON PLACE**
CITY-ST-ZIP **LAKE WORTH, FL 33463**

TITILE **P** ☒ Change ☐ Addition
NAME **Nagelbush, Laurie**
STREET ADDRESS **6172 Oak Bluff Way**
CITY-ST-ZIP **Lake Worth, FL 33467**

TITILE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITILE **V** ☐ Change ☒ Addition
NAME **Shuart, Todd**
STREET ADDRESS **9800 S. Military Trail**
CITY-ST-ZIP **Boynton Beach, FL 33436**

TITILE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITILE **D** ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jennifer L. Power
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-04
Date

561-362-3563
Daytime Phone #