

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 24 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 723208 (5)

1. Corporation Name

JUNIOR WOMAN'S CLUB OF BOCA RATON, INC

Principal Place of Business

Mailing Address

1098 SW 4TH STREET
PO BOX 1005
BOCA RATON FL 33486-4510

1098 SW 4TH STREET
PO BOX 1005
BOCA RATON FL 33486-4510

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/19/1972

3a. Date of Last Report

04/27/1994

4. FEI Number

59-1828126

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

\$68.75 Supplemental
Fee Not Required

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

CORTINA, SALLY
2805 NW 29TH DR
BOCA RATON FL 33433

81 Name

Licata, Darlene

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

23293 Lago Mar Cr.

84 City

Boca Raton

FL

85 Zip Code

33433

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Darlene M. Licata

Darlene M. Licata

4-18-95

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	WANGNER, BONNIE
STREET ADDRESS	21588 SAN GERMAINE AVE
CITY - ST - ZIP	BOCA RATON FL
TITLE	S
NAME	KOLBERT, VALERIE
STREET ADDRESS	3105 CANTERBURY DR
CITY - ST - ZIP	BOCA RATON FL
TITLE	S
NAME	CORTINA, SALLY
STREET ADDRESS	2805 NW 29TH DRIVE
CITY - ST - ZIP	BOCA RATON FL
TITLE	VD
NAME	MELTGREN, MARY
STREET ADDRESS	2601 NW 31 ST
CITY - ST - ZIP	BOCA RATON FL
TITLE	T
NAME	JOHNSTON, ANITA
STREET ADDRESS	7426 SAN SEBASTIAN DR
CITY - ST - ZIP	BOCA RATON FL
TITLE	VD
NAME	TRAESTER, AVIS
STREET ADDRESS	2695 NW 29TH DR
CITY - ST - ZIP	BOCA RATON FL

11 TITLE	President	☒ Change ☐ Addition
12 NAME	Marino, Liane	
13 STREET ADDRESS	23257 Lago Mar Cr.	
14 CITY - ST - ZIP	Boca Raton, FL 33433	
21 TITLE	1st Vice - President	☒ Change ☐ Addition
22 NAME	Martin-Schwartzman, Laura	
23 STREET ADDRESS	260 SW 13th Pl.	
24 CITY - ST - ZIP	Boca Raton, FL 33432	
31 TITLE	2nd Vice - President	☒ Change ☐ Addition
32 NAME	Bagdasarian, Pamela	
33 STREET ADDRESS	1561 SW 21st Lane	
34 CITY - ST - ZIP	Boca Raton, FL 33486	
41 TITLE	Treasurer	☐ Change ☐ Addition
42 NAME	Johnston, Anita	
43 STREET ADDRESS	7426 San Sebastian Dr.	
44 CITY - ST - ZIP	Boca Raton, FL 33433	
51 TITLE	S	☒ Change ☐ Addition
52 NAME	Licata, Darlene	
53 STREET ADDRESS	23293 Lago Mar Cr.	
54 CITY - ST - ZIP	Boca Raton, FL 33433	
61 TITLE	S	☒ Change ☐ Addition
62 NAME	Aufenganger, Barbara	
63 STREET ADDRESS	2700 NW 26th St.	
64 CITY - ST - ZIP	Boca Raton, FL 33434	

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 110.07(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:

Liane G. Marino Liane G. Marino

4-18-95

407-394-3395

(Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

DATE

Telephone #