

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 723208 (5)

1. Corporation Name

JUNIOR WOMAN'S CLUB OF BOCA RATON, INC

Principal Place of Business

Mailing Address

21714 CROMWELL CIRCLE
BOCA RATON FL 33486
US

P.O. BOX 1005
BOCA RATON FL 33429-1005
US



3. Date Incorporated or Qualified
04/19/1972

3a. Date of Last Report
05/01/1996

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

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

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

SUE KALER
21714 CROMWELL CIRCLE
BOCA RATON FL 33486

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

☐ DELETE

TITLE PD
NAME NANCY SEILER
STREET ADDRESS 3931 NW 27TH TERRACE
CITY-ST-ZIP BOCA RATON FL

☐ DELETE

TITLE VD
NAME DARLENE LICATA
STREET ADDRESS 23293 LAGO MAR CIRCLE
CITY-ST-ZIP BOCA RATON FL

☒ DELETE

TITLE VD
NAME CAROL MELLE
STREET ADDRESS 3951 NW 27TH TERRACE
CITY-ST-ZIP BOCA RATON FL

☐ DELETE

TITLE TD
NAME BARBARA AUFENANGER
STREET ADDRESS 2700 NW 26TH ST
CITY-ST-ZIP BOCA RATON FL

☐ DELETE

TITLE S
NAME MARGIE ZEIDLER
STREET ADDRESS 1323 SW 3RD ST
CITY-ST-ZIP BOCA RATON FL

☐ DELETE

TITLE SD
NAME SUE KALER
STREET ADDRESS 21714 CROMWELL CIRCLE
CITY-ST-ZIP BOCA RATON FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☒ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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

BARBARA M. AUFENANGER

4/1/97

954-475-0630

CR2E037 (9/96)