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**FILED**  
**Mar 06, 1999 8:00 am**  
**Secretary of State**

03-06-1999 90034 016 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 723208**

1. Corporation Name

**JUNIOR WOMAN'S CLUB OF BOCA RATON, INC**

Principal Place of Business

1323 SW 3RD ST  
BOCA RATON FL 33486  
US

Mailing Address

P.O. BOX 1005  
BOCA RATON FL 33432  
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 21558 San Germaine Ave.	26	04/19/1972
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-1828126
City & State	City & State	Applied For
23 Boca Raton, FL	28	Not Applicable
Zip Country	Zip Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 33433 25	29 30	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
29		Trust Fund Contribution

9. Name and Address of Current Registered Agent

**ZEIDLER, MARGIE**  
1323 SW 3RD ST  
BOCA RATON FL 33486

10. Name and Address of New Registered Agent

81 Name **Bonnie Wangner**  
82 Street Address (P.O. Box Number is Not Acceptable)  
21558 San Germaine Ave.  
83  
84 City **Boca Raton** **FL** 85 Zip Code **33433**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-22-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANTEY, SANDRA	1.2 NAME	
STREET ADDRESS	757 CAMINO LAKES CIR	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33486	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LICATA, DARLENE	2.2 NAME	
STREET ADDRESS	23293 LAGO MAR CIR	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33433	2.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANT, ANNE	3.2 NAME	
STREET ADDRESS	766 CAMINO LAKES CIR	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33486	3.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARINO, LIANE	4.2 NAME	Lynn Wilderman
STREET ADDRESS	23257 LAGO MAR CIR	4.3 STREET ADDRESS	1089 NW 13 Street
CITY-ST-ZIP	BOCA RATON FL 33433	4.4 CITY-ST-ZIP	Boca Raton, FL 33486
TITLE	CS <input checked="" type="checkbox"/> DELETE	5.1 TITLE	CS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZEIDLER, MARGIE	5.2 NAME	Bonnie Wangner
STREET ADDRESS	1323 SW 3RD ST	5.3 STREET ADDRESS	21558 San Germaine
CITY-ST-ZIP	BOCA RATON FL 33486	5.4 CITY-ST-ZIP	Boca Raton, FL 33433
TITLE	RS <input checked="" type="checkbox"/> DELETE	6.1 TITLE	RS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, CHARLOTTE	6.2 NAME	Barbara Aufenanger
STREET ADDRESS	6812 CALLE DEL PAZ NORTH	6.3 STREET ADDRESS	2700 NW 26 Street
CITY-ST-ZIP	BOCA RATON FL 33433	6.4 CITY-ST-ZIP	Boca Raton, FL 33434

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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/99

Date

(561) 981-1720

Daytime Phone #

CR2E037 (11/98)