

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 726878 (2)

1. Corporation Name

BOCA RATON MUSEUM OF ART, INC.



Principal Place of Business

Mailing Address

801 WEST PALMETTO PARK ROAD
BOCA RATON FL 33486-3563

801 WEST PALMETTO PARK ROAD
BOCA RATON FL 33486-3563

3. Date Incorporated or Qualified

07/05/1973

3a. Date of Last Report

06/08/1995

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

24

25

29

30

4. FEI Number

59-6019851

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

BOLGE, GEROGE
5220 NW 55TH ST
BLDG 2 APT 304
COCONUT CREEK FL 33073

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

T
NAME CODO, CHARLOTTE
STREET ADDRESS 1740 SABAL PALM DRIVE
CITY-ST-ZIP BOCA RATON FL ☒ DELETE

P
NAME CODO, NORMAN
STREET ADDRESS 1740 SABAL PALM DR
CITY-ST-ZIP BOYNTON BEACH FL ☐ DELETE

T
NAME WOLGIN, DR. WILLIAM
STREET ADDRESS 2800 S. OCEAN BLVD.
CITY-ST-ZIP BOCA RATON FL ☐ DELETE

VPT
NAME PERPER, HAROLD
STREET ADDRESS 17890 ABERDEEN WAY
CITY-ST-ZIP BOCA RATON FL ☒ DELETE

T
NAME DEPPE, HENRY
STREET ADDRESS 1500 S. OCEAN BLVD.
CITY-ST-ZIP BOCA RATON FL ☐ DELETE

T
NAME FEIGL, KENNETH
STREET ADDRESS 7402 PANACHE WAY
CITY-ST-ZIP BOCA RATON FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V ☐ Change ☒ Addition
1.2 NAME Rabiner, Gary
1.3 STREET ADDRESS 7012 Queenferry Circle
1.4 CITY-ST-ZIP Boca Raton, FL 33496

2.1 TITLE V ☐ Change ☒ Addition
2.2 NAME Spence, Jean
2.3 STREET ADDRESS 1220 N. Ocean Blvd.
2.4 CITY-ST-ZIP Gulf Stream, FL 33483

3.1 TITLE V ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE T ☐ Change ☒ Addition
4.2 NAME Loren Mintz
4.3 STREET ADDRESS 7369 Orangewood Lane, #202
4.4 CITY-ST-ZIP Boca Raton, FL 33433

5.1 TITLE S ☐ Change ☒ Addition
5.2 NAME Starkoff, Florence
5.3 STREET ADDRESS 4301 N. Ocean Blvd.
5.4 CITY-ST-ZIP Boca Raton, FL 33431

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/96

2407-392-2500

CR2E037 (12/95)