## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1997 DOCUMENT #

733868

(4)

YOUNG MEN'S PROGRESSIVE CLUB OF DELRAY BEACH NO. 2. INC.

.,									(B)
Principal Place of Business Mailing Address							IOII OFOFI CHOIL	i Ojefi bioli di	JOS OF BIR 1881
105 N.W. 11TH P.O. BOX 637 DELRAY BEACH		105 N.W. 11TH AVENUE P.O. 80X 637 DELRAY BEACH FL 33444-1639							
						3. Date incorporated or Qualified 09/19/1975	3a. Dat	e of Last R )7/02/19:	eport <b>96</b>
2. Principal Pi	lace of Business	2a. Mailing Address			4. FEI Number	<del></del>	Ar	plied For	
21	н	26			NOT APPLICABLE			ot Applicable	
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Required				
City & State	9	City & State			Election Campaign Financing     Trust Fund Contribution		•	May Be to Fees	
Zıp	Country Zip			ntry		8. This corporation has liability for	<del></del>		
24	25	29	30			Florida Statutes	] Yes 🗌	No	······
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Ag 81 Name			gent		
NOSSIO	MDOIL A			01	IVarrie				
	VIRGIL C. V. 11TH AVENUE		82 Street Ad		Street Add	dress (P.O. Box Number is Not Acceptab	ole)		
	BCH. FL 33444			83			··		
				84	City		FL	<b>85</b> Zip	Code
<ol> <li>Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes office or registered agent, or both, in the State of Florida. Such change was au agent. I am familiar with, and accept the obligations of, Section 617.0503, Flori</li> </ol>				d by	named co	rporation submits this statement for the pation's board of directors. I hereby accept	ourpose of o	changing it	is registered registered
SIGNATURE									
	Signature typed or printed name of registered ag	gent and title if applicable (NC NO DIRECTORS		d Age	nt signature req	ulred when reinstating)	DATE	DIDECTÓS	20 11 40
12.	D OFFICENS AI	DELETE	13.	TIF		ADDITIONS/CHANGES TO OFFIC		Change	Addition
NAME	ROPER, JAMES	La viceria	1.2 N/				,	and Citalign	Notified
STREET ADDRESS	710 SW 4 AVENUE				ADDRESS				
City-St-Zip	DELRAY BCH FL		1.4 CI						
TITLE	V	DELETE	2.1 Tr					Change	Addition
NAME	THOMAS, JAMES, JR		2.2 N/	AME					
STREET ADDRESS	129 SW 10TH AVENUE	SW 10TH AVENUE 23		REET	ADDRESS				
CITY - ST - ZIP	DELRAY BCH FL			(TY-S	ST-2IP				
TITLE	DT	DELETE	3.1 TITLE					Change	Addition
NAME	GHOLSTON, JOE R		3.2 NA	AME					
STREET ADDRESS	1438 SW 2ND STREET		3.3 STRE		ADDRESS				
CłTY-ST-ZIP	DELRAY BCH FL			ITY-S	ST-ZIP				
TITLE	PD	☐ DELETE	4.1 Ti	TLE				Change	Addition
NAME	randolph, david e		4.2 N	AME					
STREET ADDRESS	105 N W 11TH AVENUE		4.3 \$1	REET	ADDRESS				
CITY - ST - ZIP	DELRAY BCH FL		4.4 CI	TY-5	T-ZIP				
TITLE	VD	☐ DELETE	5.1 TI	TLE			τ	Change	☐ Addition
NAME	Straghn, Alfred		5.2 N/	ME					
STREET ADDRESS	26 SW 5TH AVE.		5.3 ST	REET	ADDRESS				
CITY - ST - ZIP	DELRAY BCH FL		5.4 CI	TY-S	T-ZIP				
TITLE		☐ DELETE	6.1 TI	TLE			]"	Change	Addition Addition
NAME			6.2 NA	ME					
STREET ADDRESS			6.3 \$1	REET	ADDRESS				

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.

BIGNATURE AND TYPED OR PRINTED NAME OF SKINING OFFICER OR DIRECT

Jau 22 1997

**FILED** 

Feb 03 1997 8:00am

Secretary of State

# #0.2004 \$40.000 \$10.00 \$30.00 \$30.00 \$0.00 \$0.000 \$0.000 \$1.000 \$1.000 \$1.000

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