

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 # 734216 (5)
1. Corporation Name
BOYNTON - DELRAY BENEVOLENT ASSOCIATION, INC.



Principal Place of Business
**C/O BEN UPCOFF
MONACO 0-674
DELRAY BEACH FL 33446**

Mailing Address
**C/O BEN UPCOFF
MONACO 0-674
DELRAY BEACH FL 33446**

3. Date Incorporated or Qualified
10/30/1975

3a. Date of Last Report
03/28/1995

4. FEI Number
59-0321058

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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**UDCOFF, BEN
MONACO 0 674
DELRAY BEACH FL 33446**

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 *Benny Udoff*
Signature, typed or printed name of registered agent and the corporation

(NOTE: Registered Agent signature required when reinstating)

JANUARY 22 1996
DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	GOLDBERG, ALES	
STREET ADDRESS	WATERFORD C-53	
CITY-ST-ZIP	DELRAY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FILER, JULIS F.	
STREET ADDRESS	TUSCANY C 175	
CITY-ST-ZIP	DELRAY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GREEN, HYMAN	
STREET ADDRESS	MONACO E 202	
CITY-ST-ZIP	DELRAY FL 33446	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DAMPH, JACK	
STREET ADDRESS	15244 LAKES OF DELRAY BV	
CITY-ST-ZIP	DELRAY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KLEINMAN, IRVING	
STREET ADDRESS	NORMANDY I 404	
CITY-ST-ZIP	DELRAY FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LEVY, GUS	
STREET ADDRESS	SAXONY F 265	
CITY-ST-ZIP	DELRAY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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: *Alex Goldberg*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/2/96 DATE
1-407-449-8789 DAYTIME PHONE #

CR2E037 (12/95)