

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 # 734959 (0)
1. Corporation Name
BOCA RATON CHARITIES, INC.



Principal Place of Business
**905 W. 15TH AVE
BOCA RATON FL 33486
US**

Mailing Address
**90 SW 15TH AVE
BOCA RATON FL 33486
US**

3. Date Incorporated or Qualified
02/12/1976

3a. Date of Last Report
05/01/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2240395		Applied For <input type="checkbox"/> Not Applicable	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
22. City & State		27. City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
23. Zip		28. Zip					
24. Country		29. Country		30. Country			

9. Name and Address of Current Registered Agent

**POLANE, RON
90 SW 15TH AVE
BOCA RATON FL 33486**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TS	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POLANE, RON	1.2 NAME	BLISS, PHILIP E.
STREET ADDRESS	90 SW 15TH AVE	1.3 STREET ADDRESS	399 N. W. 9th TERRACE
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	BOCA RATON FL 33486
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAILEY, DEAN	2.2 NAME	RUSSELL, GARY V.
STREET ADDRESS	4140 NE 31ST AVE	2.3 STREET ADDRESS	16333 BRIDLEWOOD CIRCLE
CITY-ST-ZIP	LIGHTHOUSE POINT FL	2.4 CITY-ST-ZIP	DELRAY BEACH, FL 33445
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KING, WILLIAM	3.2 NAME	HACKETT, JAMES S.
STREET ADDRESS	342 MAYA PALM DR.	3.3 STREET ADDRESS	800 HIBISCUS ST.
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MINNEHAN, TOM	4.2 NAME	WOONTON, ROGER
STREET ADDRESS	2900 SW 22ND CIR #22-B-2	4.3 STREET ADDRESS	3040 VIA NAPOLI
CITY-ST-ZIP	DELRAY BCH FL	4.4 CITY-ST-ZIP	DEERFIELD, BEACH, FL 33442
TITLE	AS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARALA, TOM	5.2 NAME	
STREET ADDRESS	6200 BOCA DEL MAR DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	BLISS, PHILIP E.
STREET ADDRESS		6.3 STREET ADDRESS	399 N. W. 9th TERRACE
CITY-ST-ZIP		6.4 CITY-ST-ZIP	BOCA RATON, FL 33486

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 13A changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RON POLANE

5/12/96

407-997-3463

Date

Daytime Phone #

CR2E037 (12/95)