

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 10 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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

805 W. 15TH AVE  
BOCA RATON FL 33486  
US

Mailing Address

90 SW 15TH AVE.  
BOCA RATON FL 33486-4458  
US3. Date Incorporated or Qualified  
02/12/19763a. Date of Last Report  
05/20/1996

2. Principal Place of Business

21

Suite, Apt. #, etc

22

City &amp; State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City &amp; State

28

Zip

29

Country

30

4. FEI Number

59-2240395

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes



No

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

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

TITLE	TS	<input type="checkbox"/> DELETE
NAME	POLANE, RON	
STREET ADDRESS	90 SW 15TH AVE	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BAILEY, DEAN	
STREET ADDRESS	4140 NE 31ST AVE	
CITY - ST - ZIP	LIGHTHOUSE POINT FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KING, WILLIAM	
STREET ADDRESS	342 MAYA PALM DR.	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MINNEHAN, TOM	
STREET ADDRESS	2900 SW 22ND CIR #22-B-2	
CITY - ST - ZIP	DELRAY BCH FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	LARALA, TOM	
STREET ADDRESS	6200 BOCA DEL MAR DR	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BLISS, PHILIP E	
STREET ADDRESS	399 N.W. 9TH TERRACE	
CITY - ST - ZIP	BOCA RATON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	WOONTON, ROGER	
1.3 STREET ADDRESS	3046 VIA NAPOLI	
1.4 CITY - ST - ZIP	DEERBEACH, FL 33442	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	HACKETT, JAMES	
2.3 STREET ADDRESS	2971 N.W. 49TH ST	
2.4 CITY - ST - ZIP	BOCA RATON, FL 33484	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	WARGO, DON	
3.3 STREET ADDRESS	906 N.E. SPANISH RIVER BLVD	
3.4 CITY - ST - ZIP	BOCA RATON, FL 33431	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	RUSSELL, GARY	
4.3 STREET ADDRESS	1683 BRIDLEWOOD CIR	
4.4 CITY - ST - ZIP	DELRAY BEACH, FL 33445	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	IMPAGLIA, ROBERT	
5.3 STREET ADDRESS	8111 GOLF COURSE RD	
5.4 CITY - ST - ZIP	BOCA RATON, FL 33484	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0044974

CR2E037 (9/96)

Ron Polane 3/3/97 561-395-4368