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Apr 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **757698** (6)

1. Corporation Name

THE BOYNTON BEACH ART LEAGUE, INC.

Principal Place of Business

Mailing Address

P.O. BOX 4543
BOYNTON BEACH FL 33424

P.O. BOX 4543
BOYNTON BEACH FL 33424

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/23/1981

4. FEI Number

59-2097598

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

CARLISLE, ALICE P
1408 W MANGO ST
LANTANA FL 33462

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 **RSD** ☒ DELETE

NAME **ANN RIVERS**
STREET ADDRESS **N201 FLAMINGO DR**
CITY-ST-ZIP **BRINEY BREEZES FL**

TITLE **VD** ☐ DELETE

NAME **RITA GALVIN**
STREET ADDRESS **5687 FAIRWAY DRIVE, 3-204**
CITY-ST-ZIP **BOYNTON BEACH FL**

TITLE **D** ☒ DELETE

NAME **LOHAN, FRANK**
STREET ADDRESS **10952 GREEN TRAIL DR S**
CITY-ST-ZIP **BOYNTON BCH FL**

TITLE **D** ☒ DELETE

NAME **HELEN R O'REILLY**
STREET ADDRESS **7254 W OAKRIDGE CIRCLE, B-24**
CITY-ST-ZIP **LANTANA FL**

TITLE **PD** ☐ DELETE

NAME **JERRY E SUMMERS**
STREET ADDRESS **149 EXECUTIVE CIRCLE**
CITY-ST-ZIP **BOYNTON BEACH FL**

TITLE **CPB PD** ☐ DELETE

NAME **CAVANAGH, DALE**
STREET ADDRESS **11302 QUAIL COVEY RD.**
CITY-ST-ZIP **BOYNTON BCH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **RSD** ☐ Change ☒ Addition

1.2 NAME **Richard Barrack**
1.3 STREET ADDRESS **1710 NE 3rd Ctr.**
1.4 CITY-ST-ZIP **Boynton Beach FL 33435**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **D** ☐ Change ☒ Addition

3.2 NAME **Kenneth VanderPorten**
3.3 STREET ADDRESS **370 Horizons E #103**
3.4 CITY-ST-ZIP **Boynton Beach FL 33435**

4.1 TITLE **PD** ☐ Change ☒ Addition

4.2 NAME **Alice P. Carlisle**
4.3 STREET ADDRESS **1408 W Mango St**
4.4 CITY-ST-ZIP **Lantana, FL 33462**

5.1 TITLE **D** ☒ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE **PD** ☒ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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:

Alice P. Carlisle **Alice P. Carlisle** **4/17/98** **56-585-5143**
Treasurer

CR2E037 (10/97)