

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90377 007 ****61.25

14015994



MOORE CR2E037 (11/03)

DOCUMENT # N03000000418

1. Entity Name

**BOCA RATON CENTRAL ROTARY SENIOR LIFESAVERS
FOUNDATION, INC.**



Principal Place of Business

824 PELICAN POINT COVE
BOCA RATON FL 33431
US

Mailing Address

2600 NORTH MILITARY TRAIL
FOURTH FLOOR
BOCA RATON FL 33431
US

2. Principal Place of Business

1700 S. Dixie Hwy
Suite, Apt. #, etc.
Suite 403

3. Mailing Address

1700 S. Dixie Hwy
Suite, Apt. #, etc.
Suite 403

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33432

Country

Zip

33432

Country

4. FEI Number

59-3765264

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RUTHERFORD, MULHALL & WARGO, P.A.
2600 NORTH MILITARY TRAIL
FOURTH FLOOR
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name Thomas Workman

Street Address (P.O. Box Number is Not Acceptable)

1700 S. Dixie Hwy Suite 403

City

Boca Raton

FL

Zip Code

33432

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Thomas Workman

Signature, typed or printed name of registered agent and title if applicable.

SR WQ

(NOTE: Registered Agent signature required when reinstating)

4/27/04

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE President ☐ Delete

NAME Robert Fraiberg
STREET ADDRESS 824 Pelican Point Cove
CITY-ST-ZIP Boca Raton, FL 33431

TITLE Vice President ☐ Delete

NAME Gary Chapman
STREET ADDRESS 33 SE 7th Street #A
CITY-ST-ZIP Boca Raton, FL 33432

TITLE Treasurer ☐ Delete

NAME Thomas Workman
STREET ADDRESS 1700 S. Dixie Hwy #403
CITY-ST-ZIP Boca Raton, FL 33432

TITLE Director ☐ Delete

NAME Kenith Jordan
STREET ADDRESS 2499 Glades Rd #311
CITY-ST-ZIP Boca Raton FL 33431

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Thomas Workman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04 561-393-8220

Date

Daytime Phone #