

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000000418

1. Entity Name

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



Principal Place of Business

1700 S DIXIE HWY.
STE. 403
BOCA RATON FL 33432
US

Mailing Address

1700 S DIXIE HWY.
STE. 403
BOCA RATON FL 33432
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

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

7. Name and Address of New Registered Agent

WORKMAN, THOMAS
1700 S DIXIE HWY.
STE. 403
BOCA RATON FL 33432

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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 ☐ Delete
NAME **P**
STREET ADDRESS **FRAILBEVY, ROBERT**
CITY- ST- ZIP **824 PELICAN POINT COVE**
BOCA RATON FL 33431

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **CHAPMAN, GARY**
CITY- ST- ZIP **33 SE 7TH ST., #A**
BOCA RATON FL 33432

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **WORKMAN, THOMAS**
CITY- ST- ZIP **1700 S DIXIE HWY., #403**
BOCA RATON FL 33432

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **JORDAN, KENITH**
CITY- ST- ZIP **2499 GLADES RD., #311**
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 **U00000336951**
CITY- ST- ZIP **04/27/05-80148-005 61.25**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/05 561-3938220