# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 04, 2007**
**Secretary of State**

DOCUMENT# N04000003985

**Entity Name:** THE TASTE OF BOCA RATON, INC.

**Current Principal Place of Business:**

THE WAYNE BARTON STUDY CENTER
269 NE 14TH STREET
BOCA RATON, FL 33432

**New Principal Place of Business:**

**Current Mailing Address:**

THE WAYNE BARTON STUDY CENTER
269 NE 14TH STREET
BOCA RATON, FL 33432

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BARTON, WAYNE
269 NE 14TH STREET
BOCA RATON, FL 33432 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: CEO ( ) Delete
Name: BARTON, WAYNE
Address: 269 NE 14TH STREET
City-St-Zip: BOCA RATON, FL 33432

Title: D ( ) Delete
Name: BEARDEN, JAMES
Address: 2851 S. OCEAN BLVD.
City-St-Zip: BOCA RATON, FL 33432

Title: T ( ) Delete
Name: CAMPBELL, ANGEL
Address: 269 NE 14TH STREET
City-St-Zip: BOCA RATON, FL 33432

Title: D ( ) Delete
Name: BENES, EDGAR
Address: 17554 WAGON WHEEL DRIVE
City-St-Zip: BOCA RATON, FL 33432

Title: D (X) Delete
Name: OXENDINE, HAZEL
Address: 940 SWEETWATER LANE
City-St-Zip: BOCA RATON, FL 33431

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: OXENDINE, HAZEL
Address: 940 SWEETWATER LANE
City-St-Zip: BOCA RATON, FL 33431

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WAYNE BARTON D 01/04/2007
Electronic Signature of Signing Officer or Director — Date