

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010605

FILED  
Apr 21, 2009  
Secretary of State

**Entity Name:** BOYNTON BEACH ORTHODOX ASSOCIATION, INC.

**Current Principal Place of Business:**

10555 SUNSET ISLES CT.  
BOYNTON BEACH, FL 33437

**New Principal Place of Business:**

**Current Mailing Address:**

POB 740291  
BOYNTON BEACH, FL 33474

**New Mailing Address:**

**FEI Number:** 16-1741241

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FRANCES, ELIE H  
10555 SUNSET ISLES CT.  
BOYNTON BEACH, FL 33437 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: T ( ) Delete  
Name: FRANCES, ELIE H  
Address: 10555 SUNSET ISLES CT.  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: P ( ) Delete  
Name: ROSEN, ADAM J  
Address: 10863 LAKE WYNDS CT  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: V ( ) Delete  
Name: SMALL, ARTHUR  
Address: 5964 ROYAL ISLES BLVD  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: V (X) Delete  
Name: WELLS, DAVID  
Address: 10815 LAKE WYNDS CT  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: C ( ) Delete  
Name: GANCHROW, MANDELL I  
Address: 5953 ROYAL CLUB DR  
City-St-Zip: BOYNTON BEACH, FL 33437

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

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

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

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

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 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: E. H. FRANCES

T

04/21/2009

Electronic Signature of Signing Officer or Director

Date