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Mar 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N17865 (9)

1. Corporation Name
BOYNTON WOMAN'S CLUB HISTORIC PRESERVATION FOUNDATION, INC.

Principal Place of Business <i>1010 S. Fed. Hy</i> 140 W. OCEAN AVE. P.O. BOX 823 BOYNTON BEACH FL 33425	Mailing Address 140 W. OCEAN AVE. P.O. BOX 823 BOYNTON BEACH FL 33425-0823
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/20/1986	3a. Date of Last Report 02/27/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2806950	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
SHEPARD, MARIE 140 WEST OCEAN AVENUE BOYNTON BEACH FL				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEPARD, MARIE	1.2 NAME	
STREET ADDRESS	140 W. OCEAN AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	1.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANCHETTE, HAROLD	2.2 NAME	George Davis
STREET ADDRESS	905 MISSION HILL RD	2.3 STREET ADDRESS	2802 SW 6th St., Boynton Beach, FL 33435
CITY-ST-ZIP	BOYNTON BEACH FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PADGETT, TEREESA	3.2 NAME	
STREET ADDRESS	222 NW 1ST AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	3.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANLEY, BESSIE B.	4.2 NAME	Arthur J. Cappella CPA
STREET ADDRESS	4690 PALO VERDE DR	4.3 STREET ADDRESS	1100 S. Fed Hy
CITY-ST-ZIP	BOYNTON BEACH FL	4.4 CITY-ST-ZIP	Boynton Beach, FL 33435
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEAVER, C. STANLEY	5.2 NAME	
STREET ADDRESS	4462 LOTUS WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMON, ERNEST G.	6.2 NAME	
STREET ADDRESS	P.O. BOX 2020, NA	6.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	6.4 CITY-ST-ZIP	

14. I do 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 _____

CR2E037 (9/96)