2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17865

FILED Apr 28, 2005 Secretary of State

Entity Name: MIZNER FOUNDATION OF BOYNTON BEACH, INC.

Current Principal Place of Business:				New Prince	New Principal Place of Business:		
1010 S FE P.O BOX 8 BOYNTON		33425	US				
Current Mailing Address:				New Maili	New Mailing Address:		
1010 S FE P.O BOX 8 BOYNTON		33425	US				
FEI Number:	: 59-2806950	FEI Nu	ımber Applied For()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and	l Address of (Current	Registered Agent:	Name and	Address of	New Registered Agent:	
1747 BAN`	ONCILE M DR. YAN CREEK O N BEACH, FL	COURT	US				
	named entity e of Florida.	submits	this statement for the p	ourpose of changing i	ts registered	office or registered agent, or both,	
SIGNATU	RE:						
	Electron	nic Signa	ature of Registered Age	ent		Date	
OFFICER	S AND DIREC	TORS:		ADDITION	IS/CHANGE	S TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P/D (TRAUGER, DO 717 GOLF COU DELRAY BEAC	URT	445	Title: Name: Address: City-St-Zip:	(() Change () Addition	
Title: Name: Address: City-St-Zip:	S/D () Delete SMITH, VONCILE M DR. 1747 BANYAN CREEK COURT BOYNTON BEACH, FL 33436			Title: Name: Address: City-St-Zip:	(() Change() Addition	
Title: Name: Address: City-St-Zip:	D (WEAVER, CUR 4384 CARYOT BOYNTON BEA	A DRIVE	33436	Title: Name: Address: City-St-Zip:	(() Change () Addition	
Title: Name: Address: City-St-Zip:	D (EDWARDS, BF 629 NE 9TH AV BOYNTON BCH	/E	35	Title: Name: Address: City-St-Zip:	(() Change() Addition	
Title: Name: Address: City-St-Zip:	D (SIMON, ERNES P.O.BOX 2020 DELRAY BEAC	, NA		Title: Name: Address: City-St-Zip:	(() Change() Addition	
Title: Name: Address: City-St-Zip:	T/D (MCMAHONMO 629 SW 21 CIF BOYNTON BEA	RCLE		Title: Name: Address: City-St-Zip:	OYER, HARV 511 EAST OC	X) Change ()Addition EY E D CEAN AVENUE EACH, FL 33435	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: VONCILE M. SMITH S/D 04/28/2005