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NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS

FILED Jan 26 1996 8:00 am Secretary of State

DOCUMENT # N21171 (6)

1. Corporation Name BOCA RATON MEN'S REPUBLICAN CLUB, INC.



Principal Place of Business: P. O. BOX 2161 BOCA RATON FL 33427-2161; Mailing Address: P. O. BOX 2161 BOCA RATON FL 33427-2161

3. Date Incorporated or Qualified: 06/17/1987; 3a. Date of Last Report: 02/02/1995; 4. FEI Number: 65-0151049; 5. Certificate of Status Desired: \$8.75 Additional Fee Required; 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees; 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes [], No [X]

2. Principal Place of Business; 2a. Mailing Address; 21. Subst. Apt. #, etc.; 22. City & State; 23. Zip; 24. Country

9. Name and Address of Current Registered Agent: FEAMAN, PETER M, 1520 SW 16TH ST, BOCA RATON FL 33486

10. Name and Address of New Registered Agent; 81. Name; 82. Street Address; 83. City; 84. City; 85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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: Registered Agent signature required when terminating; DATE

12. OFFICERS AND DIRECTORS; 1.1 TITLE: TD; 1.2 NAME: KELTIE, ROBERT C.; 1.3 STREET ADDRESS: 807 SW 3RD ST. BOCA RATON FL; 1.4 CITY- ST- ZIP: D; 1.1 TITLE: [X] DELETE; 1.2 NAME: ABRAMS, STEVEN L.; 1.3 STREET ADDRESS: 1121 SW 19TH ST. BOCA RATON FL; 1.4 CITY- ST- ZIP: PD; 1.1 TITLE: [] DELETE; 1.2 NAME: FEAMAN, PETER M.; 1.3 STREET ADDRESS: 1520 SW 16TH ST. BOCA RATON FL; 1.4 CITY- ST- ZIP: [] DELETE; 1.1 TITLE: [] DELETE; 1.2 NAME: [] DELETE; 1.3 STREET ADDRESS: [] DELETE; 1.4 CITY- ST- ZIP: [] DELETE

13. ADDITION/CHANGES TO OFFICERS AND DIRECTORS; 1.1 TITLE: PD; 1.2 NAME: [X] Change [] Addition; 1.3 STREET ADDRESS: 1124 S.W. 14th St.; 1.4 CITY- ST- ZIP: [] Change [] Addition; 2.1 TITLE: [] Change [] Addition; 2.2 NAME: [] Change [] Addition; 2.3 STREET ADDRESS: [] Change [] Addition; 2.4 CITY- ST- ZIP: [] Change [] Addition; 3.1 TITLE: D; 3.2 NAME: [X] Change [] Addition; 3.3 STREET ADDRESS: [] Change [] Addition; 3.4 CITY- ST- ZIP: [] Change [] Addition; 4.1 TITLE: TD; 4.2 NAME: MORGAN, JAMES; 4.3 STREET ADDRESS: 22350 CAMEO DRIVE E. BOCA RATON, FL 33433; 4.4 CITY- ST- ZIP: [] Change [] Addition; 5.1 TITLE: [] Change [] Addition; 5.2 NAME: [] Change [] Addition; 5.3 STREET ADDRESS: [] Change [] Addition; 5.4 CITY- ST- ZIP: [] Change [] Addition; 6.1 TITLE: [] Change [] Addition; 6.2 NAME: [] Change [] Addition; 6.3 STREET ADDRESS: [] Change [] Addition; 6.4 CITY- ST- ZIP: [] Change [] Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Robert C. Keltie; SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: ROBERT C. KELTIE, PRESIDENT; 1-20-96; 402-750-0709

CR2E037 (12/95)