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Mar 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N21171 (6)

1. Corporation Name

BOCA RATON REPUBLICAN CLUB, INC.

Principal Place of Business

Mailing Address

P. O. BOX 2161
BOCA RATON FL 33427-2161P. O. BOX 2161
BOCA RATON FL 33427-21613. Date Incorporated or Qualified
06/17/19873a. Date of Last Report
01/26/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FEAMAN, PETER M
1520 SW 16TH ST
BOCA RATON FL 334866883 BIANCHINI CIR
33

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/22/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE
NAME Keltie, Robert C.
STREET ADDRESS 1124 SW 14TH STREET
CITY-ST-ZIP BOCA RATON FLTITLE ☒ DELETE
NAME FEAMAN, PETER M.
STREET ADDRESS ~~1520 SW 16TH ST.~~ 6883 BIANCHINI CIR
CITY-ST-ZIP BOCA RATON FL 33433TITLE ☒ DELETE
NAME MORGAN, JAMES
STREET ADDRESS 22350 CAMEO DRIVE E
CITY-ST-ZIP BOCA RATON FLTITLE ☒ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☒ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☒ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP1.1 TITLE PD
1.2 NAME KENETH D. STEAN
1.3 STREET ADDRESS ~~P.O. Box 3878~~ 8646 VIA RIALTO #4
1.4 CITY-ST-ZIP BOCA RATON, FL 33427 334962.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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:

James E. Morgan, James E. Morgan, Treasurer

1/29/97 (561) 395-2693

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0011762

CR2E037 (9/96)