

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 27 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N22434** (7)
1. Corporation Name
THE EXCHANGE CLUB OF GREATER BOYNTON BEACH, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
C/O MELVIN WINICK
8577 WINDY CIRCLE
BOYNTON BEACH FL 33437
US

3. Date Incorporated or Qualified **09/10/1987** 3a. Date of Last Report **04/26/1994**
4. FEI Number **65-0026334** Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **8577 Windy Cir** 26 **SAME**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **BOYNTON BEACH, FL.** 28
Zip Country Zip Country
24 **33437** 25 **FL** 29 30

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WINICK, MELVIN
8577 WINDY CIRCLE
BOYNTON BEACH FL 33437

10. Name and Address of New Registered Agent

81 Name **SAME**
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE **MELVIN WINICK**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Signature of Agent or Officer required when reappointing)

DATE **4-19-95**

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **CONCA, LOUISE**
STREET ADDRESS **5405 ROSE MARIE**
CITY - ST - ZIP **BOYNTON BEACH FL 33437**

TITLE **D**
NAME **BRODE, ALICE J.**
STREET ADDRESS **4249 PALO VERDE**
CITY - ST - ZIP **BOYNTON BEACH FL 33436**

TITLE **T**
NAME **WINICK, MELVIN**
STREET ADDRESS **8577 WINDY CIRCLE**
CITY - ST - ZIP **BOYNTON BEACH FL**

TITLE **P**
NAME **CONCA, RALPH**
STREET ADDRESS **5405 ROSE MARIE N.**
CITY - ST - ZIP **BOYNTON BEACH FL**

TITLE **S**
NAME **BAYNES, MICHAEL**
STREET ADDRESS **821 S. 9TH ST.**
CITY - ST - ZIP **LANTANA FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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 110.07(3)(b), 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: **MELVIN WINICK**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-95 **402.731-0180**
Date Signature