

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N22434 (7)

1. Corporation Name

THE EXCHANGE CLUB OF GREATER BOYNTON BEACH, INC.



Principal Place of Business

Mailing Address

C/O MELVIN WINICK
8577 WINDY CIRCLE
BOYNTON BEACH FL 33437
US

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
04/27/1995

2. Principal Place of Business

2a. Mailing Address

21 C/O Rich Cohen 5804 JOG RD

26 C/O Rich Cohen 5804 JOG RD

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State Lake Worth, FL

28 City & State Lake Worth, FL

24 Zip 33467 Country USA

29 Zip 33467 Country USA

4. FEI Number
65-0026334

Applied For
Not Applicable

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WINICK, MELVIN
8577 WINDY CIRCLE
BOYNTON BEACH FL 33437

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME CONCA, RALPH
1.3 STREET ADDRESS 5405 ROSE MARIE
1.4 CITY-ST-ZIP BOYNTON BEACH, FL 33437 ☒ Change ☐ Addition

2.1 TITLE
2.2 NAME RICH COHEN
2.3 STREET ADDRESS 5804 JOG RD
2.4 CITY-ST-ZIP Lake Worth, FL 33467 ☒ Change ☐ Addition

3.1 TITLE
3.2 NAME GUY COLELLA
3.3 STREET ADDRESS 6651 PINE HANT DR.
3.4 CITY-ST-ZIP Lake Worth, FL 33467 ☒ Change ☐ Addition

4.1 TITLE
4.2 NAME ANTHONY VISCUSI
4.3 STREET ADDRESS 5804 JOG RD.
4.4 CITY-ST-ZIP Lake Worth, FL 33467 ☐ Change ☒ Addition

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP A ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/96 (407) 967-7440

CR2E037 (12/95)