


FILED

Aug 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N35698 (2)					
1. Corporation Name BOYNTON BEACH JUNIOR WOMAN'S CLUB, INC.					
Principal Place of Business 1010 S. FEDERAL HWY. BOYNTON BCH. FL 33435 US			Mailing Address PO BOX 1265 BOYNTON BCH. FL 33425-1265 US		
2. Principal Place of Business		2a. Mailing Address			
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.			
22 City & State		27 City & State			
23 Zip		28 Zip		30 Country	
24 Country		25 Country		29 Country	
9. Name and Address of Current Registered Agent					
TERNENYI, CHRISTINE 4822 PALO VERDE DR. BOYNTON BEACH FL 33436				81 Name L...	
				82 Street Address 7370 W...	
				83 City LAN...	
				84 City LAN...	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporate officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporate agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE LORI RIVERA, TD <i>Lori Rivera</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)					
12. OFFICERS AND DIRECTORS					
TITLE		PD		<input type="checkbox"/> DELETE	
NAME		MORITZ, LINDA			
STREET ADDRESS		746 NW 1ST AVE			
CITY-ST-ZIP		BOYNTON BEACH FL			
TITLE		VD		<input checked="" type="checkbox"/> DELETE	
NAME		KLEEHAMMER, CAROL			
STREET ADDRESS		939 BOLANDER			
CITY-ST-ZIP		DELRAY BEACH FL			
TITLE		TD		<input checked="" type="checkbox"/> DELETE	
NAME		TERNENYI, CHRISTINE			
STREET ADDRESS		4822 PALO VERDE DR.			
CITY-ST-ZIP		BOYNTON BEACH FL			
TITLE		SD		<input checked="" type="checkbox"/> DELETE	
NAME		JACOBS, CATHY			
STREET ADDRESS		2500 CRANBROOK DR			
CITY-ST-ZIP		BOYNTON BCH FL			
TITLE				<input type="checkbox"/> DELETE	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE				<input type="checkbox"/> DELETE	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13.					
1.1 TITLE					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE		VD			
2.2 NAME		AN			
2.3 STREET ADDRESS		21			
2.4 CITY-ST-ZIP		Bo			
3.1 TITLE		TD			
3.2 NAME		Lo			
3.3 STREET ADDRESS		72			
3.4 CITY-ST-ZIP		LA			
4.1 TITLE		SD			
4.2 NAME		RA			
4.3 STREET ADDRESS		39			
4.4 CITY-ST-ZIP		Bo			
5.1 TITLE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/15/1989		3a. Date of Last Report 04/22/1996	
4. FEI Number 65-0217401		Applied For	
		Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
TERNENYI, CHRISTINE 4822 PALO VERDE DR. BOYNTON BEACH FL 33436		81 Name	LEA RIVERA
		82 Street Address (P.O. Box Number is Not Acceptable)	7370 WILLOW SPRINGS CIRCLE No.
		83	
		84 City	LANTANA FL
		85 Zip Code	33462

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 LORI RIVERA, ID Lori Rivera 08-05-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MORITZ, LINDA 746 NW 1ST AVE BOYNTON BEACH FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD KLEEHAMMER, CAROL 939 BOLANDER DELRAY BEACH FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	VD ANGELA DENCKER 215 SW 11 AVENUE BOYNTON BEACH, FL 33435 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD TERNENYI, CHRISTINE 4822 PALO VERDE DR. BOYNTON BEACH FL <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	TD LORI RIVERA 7270 WILLOW SPRINGS CIRCLE NO. LANTANA, FL 33462 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD JACOBS, CATHY 2500 CRANBROOK DR BOYNTON BCH FL <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	SD RACHELL CARY 3932 BARKIS AVENUE BOYNTON BEACH, FL 33436 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 _____ SIGNATURE REQUIRED _____ DB-05-97 561,944-8043

CR2E037 (4/97)