SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $150 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
1995 AUG -3 PM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N49173** **(0)**

1. Corporation Name
BOYNTON BEACH COMMUNITY DEVELOPMENT CORPORATION

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1919 N. SEACREST BLVD. BOYNTON BEACH FL 33435	1919 N. SEACREST BLVD. BOYNTON BEACH FL 33435

3. Date Incorporated or Qualified: 06/01/1992
3a. Date of Last Report: 03/02/1994
4. FEI Number: 65-0350962 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

MATTHEWS, ART
1919 N. SEACREST BLVD.
BOYNTON BEACH FL 33435

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D S ☑ Change ☐ Addition
NAME	ALBURY, WILLIAM	12 NAME	TONYA HEART WILLIAMS
STREET ADDRESS	130 NE 8TH AVE.	13 STREET ADDRESS	410 N.W. 6TH AVENUE
CITY-ST-ZIP	BOYNTON BEACH FL	14 CITY-ST-ZIP	BOYNTON BEACH, FLORIDA
TITLE	D	21 TITLE	DT ☑ Change ☐ Addition
NAME	BRADY, CLIFFORD E., II	22 NAME	BRADY CLIFFORD E. II
STREET ADDRESS	325 NE 15TH CT.	23 STREET ADDRESS	325 N.E 15TH COURT
CITY-ST-ZIP	BOYNTON BEACH FL	24 CITY-ST-ZIP	BOYNTON BEACH FL
TITLE	DT	31 TITLE	D ☑ Change ☐ Addition
NAME	CEARLEY, CALVIN L., SR.	32 NAME	STOKES, ANNIE P
STREET ADDRESS	1384 NORTHAMPTON TERR.	33 STREET ADDRESS	411 N. 13TH AVENUE
CITY-ST-ZIP	WEST PALM BEACH FL	34 CITY-ST-ZIP	BOYNTON BEACH FLORIDA
TITLE	DV	41 TITLE	☐ Change ☐ Addition
NAME	GIRTMAN, EROYN	42 NAME	
STREET ADDRESS	1920 NE 1ST LANE	43 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	MCGRADY, KATHERINE	52 NAME	
STREET ADDRESS	1450 NW 1ST CT.	53 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	54 CITY-ST-ZIP	
TITLE	P	61 TITLE	☐ Change ☐ Addition
NAME	MATTHEWS, ARTHUR	62 NAME	
STREET ADDRESS	1919 NORHT SEACREST BLVD.	63 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	64 CITY-ST-ZIP	

CR2E037 (3/95)

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)(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: Arthur J. Matthews, Sr. 6-19-95 407-736-1005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0011470

N-19173

B. CORRECTION

11 TITLE: D.S

12 WILLIAMS, TONYA HEARST

13 410 N. W. 6th AVENUE

14 BOYNTON BEACH, FLORIDA 33435

31 D

32 STOKES, ANNIE P

33 417 N. E 13th AVE

34 BOYNTON BEACH, FLORIDA 33435