

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N49173**

(0)

1. Corporation Name

BOYNTON BEACH COMMUNITY DEVELOPMENT CORPORATION



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

08/03/1995

2. Principal Place of Business

2a. Mailing Address

21 101 N.E. 5th Avenue

26 101 N.E. 5th Avenue

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Boynton Beach, Florida

27 Boynton Beach, Florida

Zip

Country

Zip

Country

24 33435

25 Palm Beach

29 33435

30 Palm Beach

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

Tanya Hearst-Williams

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

410 N.W. 6th AVE

83

~~Boynton Beach, Florida~~

84 City

Boynton Beach

FL

85 Zip Code

33435

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 617.0502, Florida Statutes.

SIGNATURE

Tanya Hearst-Williams

Tanya Hearst-Williams

3/20/96

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

(NOTE: Registered Agent signature required when reinstating)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
WILLIAMS, TONYA HEARST
410 NW 6TH AVE
BOYNTON BEACH FL** ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
BRADY, CLIFFORD E II
325 NE 15TH CT
BOYNTON BEACH FL** ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
STOKES, ANNIE P
417 NE 13TH AVE
BOYNTON BEACH FL** ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
GIRTMAN, EROYN
1920 NE 1ST LANE
BOYNTON BEACH FL** ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MCGRADY, KATHERINE
1450 NW 1ST CT.
BOYNTON BEACH FL** ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
MATTHEWS, ARTHUR
1919 NORHT SEACREST BLVD.
BOYNTON BEACH FL** ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
**President / DIRECTOR ☒ Change ☐ Addition
Tanya Hearst-Wms
410 N.W. 6th Avenue
Boynton Beach, Fl. 33435** ☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
**Secretary / DIRECTOR ☐ Change ☒ Addition
Dorothy Jean Reeves
2070 N.W. 1 St
Boynton Beach, Florida 33435** ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
**Director / DIRECTOR ☒ Change ☐ Addition
Katherine Mcgee
1450N.W. 1st CT.
Boynton Beach, Fl 33435** ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
**Director / DIRECTOR ☒ Change ☐ Addition
Katherine Mcgee
1450N.W. 1st CT.
Boynton Beach, Fl 33435** ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
**Director / DIRECTOR ☒ Change ☐ Addition
Katherine Mcgee
1450N.W. 1st CT.
Boynton Beach, Fl 33435** ☐ Change ☐ Addition

6.1 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 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:

Tanya Hearst-Williams

Tanya Hearst-Wms (407)369-8884

3/20/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PHONE

DATE

CR2E037 (12/95)