


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90010 027 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # N49173

1. Corporation Name

BOYNTON BEACH COMMUNITY DEVELOPMENT CORPORATION

Principal Place of Business

101 N.E. 5TH AVENUE
BOYNTON BEACH FL 33435
US

Mailing Address

101 N.E. 5TH AVENUE
BOYNTON BEACH FL 33435
US



| | | | | | |
|--------------------------------|--|---------------------------|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 2191 N. Seacrest Blvd. | | 26 2191 N. Seacrest Blvd. | | 06/01/1992 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| 22 Boynton Bch. FL | | 27 | | 65-0350962 | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | |
| 23 33435 USA | | 28 Boynton Bch. FL | | \$8.75 Additional Fee Required | |
| Zip | | Zip | | 6. Election Campaign Financing | |
| 24 33435 | | 29 33435 | | Trust Fund Contribution <input type="checkbox"/> | |
| Country | | Country | | \$5.00 May Be Added to Fees | |
| 25 USA | | 30 USA | | | |

9. Name and Address of Current Registered Agent

MATTHEWS, ARTHUR
1262 GONDOLA COURT
BOYNTON BEACH FL 33426

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

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 | PD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MATTHEWS, ARTHUR | 1.2 NAME | |
| STREET ADDRESS | 1262 GONDOLA COURT | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | BOYNTON BEACH FL 33426 | 1.4 CITY-ST-ZIP | |
| TITLE | VD | 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | WILLIAMS-HEARST, TANYA | 2.2 NAME | Cunningham, Isaac |
| STREET ADDRESS | 410 NW 6TH AVENUE | 2.3 STREET ADDRESS | 4814 Poseidon Pl |
| CITY-ST-ZIP | BOYNTON BEACH FL 33435 | 2.4 CITY-ST-ZIP | Lake Worth, FL 33463 |
| TITLE | TD | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BRADY, CLIFFORD | 3.2 NAME | |
| STREET ADDRESS | 325 NE 15TH COURT | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | BOYNTON BEACH FL 33435 | 3.4 CITY-ST-ZIP | |
| TITLE | S | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | REEVES, DOROTHY | 4.2 NAME | |
| STREET ADDRESS | 2070 NW 1ST STREET | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | BOYNTON BEACH FL 33435 | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | Tanya Hearst-Williams |
| STREET ADDRESS | | 5.3 STREET ADDRESS | 410 NW 6th Ave |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | Boynton Bch., FL 33435 |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I 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, with all other like empowered.

SIGNATURE ARTHUR MATTHEWS, Sr. Date 4-21-99 Daytime Phone # 561-736-1005

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CR2E037 (11/98)