

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1996**



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

**DOCUMENT # N94000002173 (2)**

1. Corporation Name

**CITIZENS' SUPPORT TEAM FOR BOYNTON BEACH POLICE  
 DEPARTMENT, INC.**



Principal Place of Business

Mailing Address

639 E OCEAN AVE  
 STE 409  
 BOYNTON EBACH FL 33425  
 US

639 E OCEAN AVE  
 STE 409  
 BOYNTON BEACH FL 33425  
 US

3. Date Incorporated or Qualified

04/28/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

65-0493698

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

MOORE, GENE  
 639 E OCEAN AVE 409  
 BOYNTON BEACH FL 33425

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 DP  DELETE  
 NAME YERZY, RICHARD  
 STREET ADDRESS 639 E OCEAN AVE STE 409  
 CITY-ST-ZIP BOYNTON BEACH FL

1.1 TITLE D/S  Change  Addition  
 1.2 NAME Gene Moore  
 1.3 STREET ADDRESS 639 E. Ocean Ave., Suite 409  
 1.4 CITY-ST-ZIP Boynton Beach, FL 33435

TITLE DVP  DELETE  
 NAME MATERA, GERRY  
 STREET ADDRESS 639 E OCEAN AVE STE 409  
 CITY-ST-ZIP BOYNTON BEACH FL

2.1 TITLE D/P  Change  Addition  
 2.2 NAME Susan Ordway  
 2.3 STREET ADDRESS 639 E. Ocean Ave., Suite 409  
 2.4 CITY-ST-ZIP Boynton Beach, FL 33435

TITLE SD  DELETE  
 NAME CARR, JOHN  
 STREET ADDRESS 639 E OCEAN AVE STE 409  
 CITY-ST-ZIP BOYNTON BEACH FL

3.1 TITLE D  Change  Addition  
 3.2 NAME Arlene V. Marsh  
 3.3 STREET ADDRESS 639 E. Ocean Ave., Suite 409  
 3.4 CITY-ST-ZIP Boynton Beach, FL 33435

TITLE DP  DELETE  
 NAME KOHL, CYNTHIA  
 STREET ADDRESS 639 E OCEAN AVE STE 409  
 CITY-ST-ZIP BOYNTON BEACH FL

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE TBM  DELETE  
 NAME STAMATOPOULOS, STEVE  
 STREET ADDRESS 639 E OCEAN AVE STE 409  
 CITY-ST-ZIP BOYNTON BEACH FL

5.1 TITLE 100001895381  Change  Addition  
 5.2 NAME -07/16/96--01148--044  
 5.3 STREET ADDRESS \*\*\*61.25  
 5.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 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: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-21-96 407-734-2424  
 Date Daytime Phone #

CR2E037 (3/96)