

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 BEACH 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

23 Zip

Country

28 Zip

Country

24

25

29

30

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

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

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

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

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

3.1 TITLE D
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
☐ Change ☒ Addition

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-21-96

407-734-2424

CR2E037 (3/96)