

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

FILED
Jun 11 1996 8:00 am
Secretary of State

DOCUMENT # N94000004939 (4)

1. Corporation Name

FRIENDS OF THE BOYNTON BEACH COMMUNITY LIFE CENTER INC.

Principal Place of Business

**136 N.W. 12TH AVENUE
BOYNTON BEACH FL 33435**

Mailing Address

**136 N.W. 12TH AVENUE
BOYNTON BEACH FL 33435**

3. Date Incorporated or Qualified
10/06/1994

3a. Date of Last Report
01/30/1995

2. Principal Place of Business

2a. Mailing Address

21 416 N. Federal Highway
Suite, Apt. #, etc.

26 416 N. Federal Highway
Suite, Apt. #, etc.

4. FEI Number

59-3168989

Applied For

Not Applicable

22
City & State

27
City & State

23 Boynton Beach, Florida

28 Boynton Beach, Florida

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

24 334 35

25 USA

29 334 35

30 USA

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

**MOSES, DEREK A
136 N.W. 12TH AVENUE
BOYNTON BEACH FL 33435**

**81 Name
Collins, Malinda**

**82 Street Address (P.O. Box Number is Not Acceptable)
504 North West 3rd Street**

83

**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 617.0503, Florida Statutes.

SIGNATURE *Malinda Collins*

(NOTE: Registered Agent signature required when reinstating)

5/29/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **MOSES, DEREK A**
STREET ADDRESS **5819 NORTHPOINTE LANE**
CITY - ST - ZIP **BOYNTON BEACH FL 33437**

1.1 TITLE **TD** ☐ Change ☒ Addition
1.2 NAME **Williams, Sara**
1.3 STREET ADDRESS **1331 South West 27th Avenue**
1.4 CITY - ST - ZIP **Boynton Beach, Florida 33426**

TITLE **D** ☒ DELETE
NAME **HIRST-CHAPEL, MELISSA**
STREET ADDRESS **1301 N. CONGRESS AVENUE**
CITY - ST - ZIP **BOYNTON BEACH FL 33426**

2.1 TITLE **SD** ☐ Change ☒ Addition
2.2 NAME **McCray, Mack**
2.3 STREET ADDRESS **806 North West 4th Street**
2.4 CITY - ST - ZIP **Boynton Beach, Florida 33435**

TITLE **SD** ☐ DELETE
NAME **COLLINS, MALINDA**
STREET ADDRESS **504 N.W. 3RD STREET**
CITY - ST - ZIP **BOYNTON BEACH FL 33435**

3.1 TITLE **CD** ☒ Change ☐ Addition
3.2 NAME **Collins, Malinda**
3.3 STREET ADDRESS **504 North West 3rd Street**
3.4 CITY - ST - ZIP **Boynton Beach, Florida 33435**

TITLE **TD** ☒ DELETE
NAME **HARRIS, KATHY**
STREET ADDRESS **6385 COUNTY FAIR CIRCLE**
CITY - ST - ZIP **BOYNTON BEACH FL 33437**

4.1 TITLE **M** ☐ Change ☒ Addition
4.2 NAME **Bourgeois-Obb, Stacey M.**
4.3 STREET ADDRESS **206 North Ware Drive**
4.4 CITY - ST - ZIP **West Palm Beach, Florida 33409**

TITLE **D** ☐ DELETE
NAME **HAWKINS, WILFRED**
STREET ADDRESS **3203 WATERVIEW CIRCLE**
CITY - ST - ZIP **PALM SPRINGS FL 33461**

5.1 TITLE **VD** ☒ Change ☐ Addition
5.2 NAME **Hawkins, Wilfred**
5.3 STREET ADDRESS **3203 Waterview Circle**
5.4 CITY - ST - ZIP **Palm Springs, Florida 33461**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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: *Malinda Collins*

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

5/29/96 (407) 738-9500

Date

Daytime Phone #

CR2E037 (12/95)