

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000004939

1. Corporation Name

BOYNTON COMMUNITY FAMILIES AND FRIENDS NETWORK I
NC.

Principal Place of Business

1331 N.W. 27TH AVE.
BOYNTON BEACH FL 33426
US

Mailing Address

1331 N.W. 27TH AVE.
BOYNTON BEACH FL 33426
US

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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REINSTATEMENT 25

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/06/1994	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3168989	
25 Country		29 Country		30 Country	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

WILLIAMS, SARAH
1331 N.W. 27TH AVE.
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
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 Sarah Williams
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

10/4/99
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CMD	1.1 TITLE	
NAME	WILLIAMS, SARAH	1.2 NAME	
STREET ADDRESS	1331 S. WEST 27TH AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	
NAME	MITCHELL, EDDIE	2.2 NAME	
STREET ADDRESS	329 N.E. 12TH AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	WALKER, DOROTHY	3.2 NAME	
STREET ADDRESS	707 N.W. 3RD ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	
NAME	MCDONALD, JOSEPHUS	4.2 NAME	
STREET ADDRESS	556 N.W. 10TH AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	KING, SEDRICK	5.2 NAME	
STREET ADDRESS	1022 N.W. 6TH AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	ANDERSON, LINDSEY	6.2 NAME	
STREET ADDRESS	1200 N.W. 1ST ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	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: Sarah Williams 10/19/99
Signature and typed or printed name of signing officer or director Date