


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2005 08:00 AM
Secretary of State

DOCUMENT # N94000004939	
1. Entity Name BOYNTON COMMUNITY FAMILIES AND FRIENDS NETWORK INC.	

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
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05062005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3168989	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**WILLIAMS, SARAH
1331 N.W. 27TH AVE.
BOYNTON BEACH, FL 33426**

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	11000000365200 05/09/05-80029-014 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CMD WILLIAMS, SARAH 1331 S. WEST 27TH AVENUE BOYNTON BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HERBERT, SANDRA 7110 BRUNSWICK CIR. BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NORFINS, PEARL 7249 W. WILLOW SPRING CIR. BOYNTON BEACH, FL 33436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BECKLES, ELLINGTON 310 NW 16TH CT. BOYNTON BEACH, FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PPINDER, NORMA 150 NW 18TH AVE. BOYNTON BEACH, FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sarah Williams* 1/1/05 (561) 732-6132
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #