## **NOT-FOR-PROFIT CORPORATION UNIFORM-BUSINESS REPORT (UBR)**

DOCUMENT # N94000004939  1. Entity Name  BOYNTON COMMUNITY FAMILIES  AND FRIENDS NETWORK, FINC.				O3 OCT -2	LEU Y OF STATE ORPORATIO PM 12: 13
	DO NOT WRITE	IN THIS SE	PACE		
2. Principal Place of Business  1331 SW 2744 AVE  Suite, Apt. #, etc.  3. Mailing Address  1331 SW 2  Suite, Apt. #, etc.			27th AVE	DO NOT WRITE IN TH	
City & Stat	170N BEACH, FL 26 PAIM BEACH	City & State BOYNTON BE	Sountry PALM BEACE	4. FEI Number  59_3168989  5. Certificate of Status Desired	Applied For Not Applicable \$8.75 Additional Fee Required
رم س	20 ATTAM OGNE		VALM BEACE	7. Name and Address of Current Registe	
DO NOT WRITE  Street Address (BO, Box Number, is Not Acceptable)					
	IN THIS SP		ss (BO. Box Number is Not Acceptable)		
	IIN I FIIO OF	ACE	City		Zin Code
			BOYNT	ON BENEH	-L 33426
	e named entity submits this statement for tions of registered agent.	the purpose of changing its	registered office or regis	stered agent, or both, in the state of Florida. I a	im familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE					
	FEE IS \$61.25 initial or Amended UBR	Trust Fund Co	npaign Financing ontribution.	◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆	eck Payable to partment of State
TITLE	OFFICERS AND DIR	ECTORS			
NAME			TITLE		
STREET ADDRESS CITY-ST-ZIP		1.H	TITLE NAME		
Tim 5	WILLIAMS, SARA 1331 SW 274A A BOUNTON QOH	1H WÉ. 14 33426			
TITLE	BOYNTON BCH,	1H WE. 7L33426	NAME		
NAME	BEN BRYANT	1.H WE. 71.33426	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	600023490	296
	BEN BRYANT ROBOX549	7L33426_	NAME STREET ADDRESS CITY-ST-ZIP TITLE	500023490 10/02/0301004008	296 #70.00
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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)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Saral Sicience

## Boynton Community Families and Friends Network, Inc. 1331 SW 27th Avenue Boynton Beach, Fl 33426

**September 27, 2003** 

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FI 32302 -1500

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Dear Division of Corporations Representative:

Because I did not receive the Nonprofit Corporation Annual Report Form due to the possibility of mail delivery to the wrong address, I would like to request a waiver of fees for restoration of corporation status.

According to my recent phone conversation with your office representative, two (2) filing forms that you sent to me were returned to you for reasons unknown. There has not been any change of address.

Enclosed is a check in the amount of \$70.00 which includes \$61.25, filing fee and \$8.75 for a certificate reflecting corporation status.

Therefore I appreciate your consideration to this matter due to reasons beyond my control. And thanks for your helpfulness.

Sincerely,

Sarah Williams

Director