

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 20 1998 8:00am  
Secretary of State

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| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Morton</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
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DOCUMENT # **N96000003790 (0)**  
1. Corporation Name

**GREATER BOYNTON BEACH CHAMBER OF COMMERCE EDUCATION FOUNDATION, INC.**



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| Principal Place of Business<br><b>639 EAST OCEAN AVENUE<br/>SUITE 108<br/>BOYNTON BEACH FL 33435</b> | Mailing Address<br><b>639 EAST OCEAN AVENUE<br/>SUITE 108<br/>BOYNTON BEACH FL 33435</b> |
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|--|--|
| 3. Date Incorporated or Qualified<br><b>07/15/1996</b> |  |
| 4. FEI Number<br><b>65-0727386</b>                     | Applied For<br><input type="checkbox"/> Not Applicable |

|   |  |
|---|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>25 Suite, Apt. #, etc.<br>26 City & State<br>27 Zip<br>28 Country |
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| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |
| 7. Is this nonprofit corporation a homeowners association?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

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| 9. Name and Address of Current Registered Agent<br><b>SHABOTYNSKYJ, KATHY<br/>639 EAST OCEAN AVENUE<br/>FIRST FINANCIAL PLAZA, SUITE 108<br/>BOYNTON BEACH FL 33435</b> |
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| 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City <b>FL</b> 85 Zip Code |
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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 *Kathy Shabotynskyj* (NOTE: Registered Agent signature required when reappointing) DATE

| 12. OFFICERS AND DIRECTORS |  |
|----------------------------|--|
| TITLE                      | V/D <input type="checkbox"/> DELETE            |
| NAME                       | <b>BOTTCHER, MICHAEL</b>                       |
| STREET ADDRESS             | <b>820 NORTH FEDERAL HWY.</b>                  |
| CITY-ST-ZIP                | <b>DELRAY BEACH FL 33483</b>                   |
| TITLE                      | T/D <input checked="" type="checkbox"/> DELETE |
| NAME                       | <b>MARTIN, WILLIAM</b>                         |
| STREET ADDRESS             | <b>3717 W. BOYNTON BEACH BLVD.</b>             |
| CITY-ST-ZIP                | <b>BOYNTON BEACH FL 33436</b>                  |
| TITLE                      | D <input checked="" type="checkbox"/> DELETE   |
| NAME                       | <b>PASTL, DORIS</b>                            |
| STREET ADDRESS             | <b>4317 REDDING ROAD</b>                       |
| CITY-ST-ZIP                | <b>BOYNTON BEACH FL 33436</b>                  |
| TITLE                      | S/D <input type="checkbox"/> DELETE            |
| NAME                       | <b>FARACE, VIRGINIA K</b>                      |
| STREET ADDRESS             | <b>208 SOUTH SEACREST BLVD.</b>                |
| CITY-ST-ZIP                | <b>BOYNTON BEACH FL 33435</b>                  |
| TITLE                      | P/D <input checked="" type="checkbox"/> DELETE |
| NAME                       | <b>NOREM, STORMET</b>                          |
| STREET ADDRESS             | <b>800 W. BOYNTON BEACH BLVD.</b>              |
| CITY-ST-ZIP                | <b>BOYNTON BEACH FL 33426</b>                  |
| TITLE                      | D <input type="checkbox"/> DELETE              |
| NAME                       | <b>TAYLOR, ROBERT B JR.</b>                    |
| STREET ADDRESS             | <b>2815 SO. SEACREST BLVD.</b>                 |
| CITY-ST-ZIP                | <b>BOYNTON BEACH FL 33435</b>                  |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|---|--|
| 1.1 TITLE   | P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| 1.2 NAME  |  |
| 1.3 STREET ADDRESS                                    |  |
| 1.4 CITY-ST-ZIP                                       |  |
| 2.1 TITLE   | V/T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME  | <b>Kenneth M. Kaleel</b>   |
| 2.3 STREET ADDRESS                                    | <b>555 N. Congress Ave., Ste. 302</b>  |
| 2.4 CITY-ST-ZIP                                       | <b>Boynton Beach, FL 33435</b>   |
| 3.1 TITLE   | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |
| 3.2 NAME  | <b>Kathy Shabotynskyj</b>  |
| 3.3 STREET ADDRESS                                    | <b>639 E. Ocean Ave., Ste. 108</b>   |
| 3.4 CITY-ST-ZIP                                       | <b>Boynton Beach, FL 33435</b>   |
| 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |
| 4.2 NAME  |  |
| 4.3 STREET ADDRESS                                    |  |
| 4.4 CITY-ST-ZIP                                       |  |
| 5.1 TITLE   | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |
| 5.2 NAME  | <b>Kimberly Beaumont</b>   |
| 5.3 STREET ADDRESS                                    | <b>1260 S. Federal Hwy., Ste. 101</b>  |
| 5.4 CITY-ST-ZIP                                       | <b>Boynton Beach, FL 33435</b>   |
| 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |
| 6.2 NAME  |  |
| 6.3 STREET ADDRESS                                    |  |
| 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.

SIGNATURE:

*Kathy Shabotynskyj* REGISTERED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0043271

CR2E037 (10/97)