

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004081

FILED
Jan 06, 2009
Secretary of State

Entity Name: BOYNTON CULTURAL CENTRE, INC.

Current Principal Place of Business:

129 EAST OCEAN AVENUE
BOYNTON BEACH, FL 33435

New Principal Place of Business:

Current Mailing Address:

129 EAST OCEAN AVENUE
BOYNTON BEACH, FL 33435

New Mailing Address:

FEI Number: 31-1494582 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALL, MICHAEL
129 E. OCEAN AVENUE
BOYNTON BEACH, FL 33435 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DVP () Delete
Name: KIRK, DALE
Address: 4302 TROON LANE
City-St-Zip: BOYNTON BEACH, FL 33435

Title: DT () Delete
Name: ACCARDI-COX, STACEY
Address: WODBRIGHT ROAD
City-St-Zip: BOYNTON BEACH, FL 33426

Title: D () Delete
Name: CLARK, CRAIG
Address: 208 S. SEACREST BLVD.
City-St-Zip: BOYNTON BEACH, FL 33435

Title: DS () Delete
Name: BUCHANAN, SUSAN
Address: 807 OCEAN INLET DRIVE
City-St-Zip: BAYTON BEACH, FL 33404

Title: DP () Delete
Name: NANCY, ERNST
Address: 2106 SW 22ND ST
City-St-Zip: BOYNTON BEACH, FL 33426

Title: D () Delete
Name: FEELY, ROSIE
Address: 7807 FORESTAY DRIVE
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DP (X) Change () Addition
Name: ACCARDI, STACEY
Address: WODBRIGHT ROAD
City-St-Zip: BOYNTON BEACH, FL 33426

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: NANCY, ERNST
Address: 2106 SW 22ND ST
City-St-Zip: BOYNTON BEACH, FL 33426

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STACEY ACCARDI

PRES

01/06/2009

Electronic Signature of Signing Officer or Director

Date