FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 8:46

DOCUMENT # **P94000073604 (8)**

1. Corporation Name

THE BOYNTON BEACH JUNIOR CHAMBER OF COMMERCE, IN C.

Principal Place of Business	Mailing Address
C/O CARL A. CASCIO, ESQ 9393 LAUREL GREEN DR BOYNTON BEACH FL 33437	C/O CARL A. CASCIO, ESQ 9393 LAUREL GREEN DR BOYNTON BEACH FL 33437

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/07/1994
3a. Date of Last Report:

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 65-0376544 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip (24) County (25) / Zip (29) County (30)
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CASCIO, CARL A
9393 LAUREL GREEN DR
BOYNTON BEACH FL 33437

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	PEENE, RANDY	12 NAME	
STREET ADDRESS	P O BOX 4172 N/A	13 STREET ADDRESS	
CITY ST ZIP	BOYNTON BEACH FL 33424	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	MOSES, DIANA	22 NAME	
STREET ADDRESS	2301 S CONGRESS AVE #1524	23 STREET ADDRESS	
CITY ST ZIP	BOYNTON BEACH FL 33426	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	GOWLIK, TOM	32 NAME	
STREET ADDRESS	1172 HOLLY CIR	33 STREET ADDRESS	
CITY ST ZIP	LAKE WORTH FL 33467	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	ROLLINS, JOHN	42 NAME	
STREET ADDRESS	5164 ARBOR GLEN CIR	43 STREET ADDRESS	
CITY ST ZIP	LAKE WORTH FL 33463	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	LUBIN, TERRIE	52 NAME	
STREET ADDRESS	14211 MAHOGANY BAY	53 STREET ADDRESS	
CITY ST ZIP	BOYNTON BEACH FL 33436	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	ROBINSON, HILDEE	62 NAME	
STREET ADDRESS	14 GREENWICH DR	63 STREET ADDRESS	
CITY ST ZIP	LAKE WORTH FL 33463	64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added on an attachment with an address.

SIGNATURE: _____ 4/27/95 (407) 736-7743
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0264031 CP