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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 759111

1. Corporation Name
JUNIOR ACHIEVEMENT OF THE PALM BEACHES, INCORPORATED

Principal Place of Business 2001 BROADWAY STE - 302 RIVIERA BCH FL 33404 US	Mailing Address 2001 BROADWAY STE - 302 RIVIERA BCH FL 33404 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/13/1981
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2333738
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent FLANIGAN, JOHN F. 625 N. FLAGLER DR. 9TH FL WEST PALM BEACH FL 33402	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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE SD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FLANIGAN, JOHN F.		1.2 NAME	
STREET ADDRESS 625 NORTH FLAGLER DR NINTH FL		1.3 STREET ADDRESS	
CITY-ST-ZIP W PALM BEACH FL		1.4 CITY-ST-ZIP	
TITLE PD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STONE-ST. JOHN, ELLEN		2.2 NAME	
STREET ADDRESS 2001 BROADWAY, SUITE 302		2.3 STREET ADDRESS	
CITY-ST-ZIP RIVIERA BEACH FL		2.4 CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> DELETE	3.1 TITLE Turk, Daniel F.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TORK, DANIEL F.		3.2 NAME	
STREET ADDRESS FIDELITY FEDERAL 218 DIATORA ST.		3.3 STREET ADDRESS Fidelity Federal 218 Diatora St.	
CITY-ST-ZIP WEST PALM BEACH FL 33401		3.4 CITY-ST-ZIP	
TITLE CD	<input type="checkbox"/> DELETE	4.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME POWERS, BRIAN		4.2 NAME BRIAN POWERS	
STREET ADDRESS 2328 10TH AVE NORTH 6A		4.3 STREET ADDRESS 2328 10th Ave No 6A	
CITY-ST-ZIP LAKE WORTH FL		4.4 CITY-ST-ZIP LAKE WORTH FL 33460	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME GREN SCHANEL	
STREET ADDRESS		5.3 STREET ADDRESS 14263 US HWY #1	
CITY-ST-ZIP		5.4 CITY-ST-ZIP JOND BEACH, FL 33408	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(l), 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, with all other like empowered.

SIGNATURE: [Signature] DATE: 1/5/99 DAYTIME PHONE # 561-840-8700

CR2E037 (11/98)