


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 04, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 759111**

1. Entity Name  
**JUNIOR ACHIEVEMENT OF THE PALM BEACHES, INCORPORATED**



Principal Place of Business  
**5601 CORPORATE WAT  
 STE - 400  
 WEST PALM BEACH, FL 33407 US**

Mailing Address  
**5601 CORPORATE WAT  
 STE - 400  
 WEST PALM BEACH, FL 33407 US**

**DO NOT WRITE IN THIS SPACE**



01062004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-2333738** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**FLANIGAN, JOHN F.  
 625 N. FLAGLER DR. 9TH FL  
 WEST PALM BEACH, FL 33402**

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U00000034499  
 02/05/04-80085-016 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FLANIGAN, JOHN F. 625 NORTH FLAGLER DR NINTH FL W PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FOSTER, MARY KATHLEEN 5601 CORPORATE WAY, SUITE 400 WEST PALM BEACH, FL 33407
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CB MARTLING, LEONARD W 560 VILLAGE BOULEVARD, SUITE 120 WEST PALM BEACH, FL 33409
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D POWERS, BRIAN 2328 10TH AVE NORTH 6A LAKE WORTH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SCHANEL, GLENN 14243 US HIGHWAY ONE JUNO BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CE BENNETT, DUANE H 235 RUSSLYN DRIVE WEST PALM BEACH, FL 33405

**DO NOT WRITE IN THIS SPACE**

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Glenn Schanel **Glenn Schanel** 1/14/04  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #