

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 759111

**FILED**  
**Jan 24, 2016**  
**Secretary of State**  
**CC6910500152**

**Entity Name:** JUNIOR ACHIEVEMENT OF THE PALM BEACHES & TREASURE COAST, INC.

**Current Principal Place of Business:**

6903 VISTA PARKWAY NORTH  
STE - 10  
WEST PALM BEACH, FL 33411

**Current Mailing Address:**

6903 VISTA PARKWAY NORTH  
STE - 10  
WEST PALM BEACH, FL 33411 US

**FEI Number: 59-2333738**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

BARTO, CLAUDIA KIRK  
6903 VISTA PARKWAY NORTH, STE 10  
WEST PALM BEACH, FL 33411 US

*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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            KIRK BARTO, CLAUDIA MS.  
Address        6903 VISTA PARKWAY NORTH, SUITE  
                  10  
City-State-Zip: WEST PALM BEACH FL 33411

Title            SECRETARY  
Name            STONE, RICHARD  
Address        123 AUSTRALIAN AVE.  
City-State-Zip: PALM BEACH FL 33480

Title            CHAIR ELECT  
Name            BOZETARNIK, PETE  
Address        2 HARVARD CIRCLE  
                  SUITE 408  
City-State-Zip: WEST PALM BEACH FL 33409

Title            PAST CHAIR, ASSISTANT  
                  TREASURER  
Name            PERCY, MICHAEL  
Address        401 EAST LAS OLAS BLVD  
                  SUITE 1100  
City-State-Zip: FORT LAUDERDALE FL 33301

Title            CHAIR  
Name            WADE, MARK  
Address        8749 SE WOODWIND  
City-State-Zip: HOBE SOUND FL 33455

*I hereby 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 all other like empowered.*

**SIGNATURE: CLAUDIA KIRK BARTO**

**PRESIDENT**

**01/24/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date