

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90168 029 ****61.25

DOCUMENT # 709692

1. Corporation Name

PALM BEACH COUNTY CHAPTER OF THE SOCIETY FOR THE
PRESERVATION AND ENCOURAGEMENT OF BARBER SHOP Q

Principal Place of Business

2419 NW 30TH ROAD
BOCA RATON FL 33431
US

Mailing Address

2419 NW 30TH ROAD
BOCA RATON FL 33431
US

* 5 2 0 7 1 1 *
520711 - 90168 - 29



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

10/04/1965

4. FEI Number

59-6152340

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

FERGUSON, DANNY L.
2419 NW 30TH ROAD
BOCA RATON FL 33431

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME CHAMPA, ANTHONY E
STREET ADDRESS 6172 CELADON CIR
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE ☐ DELETE

NAME LONSWAY, JAMES
STREET ADDRESS 14759 HIDEAWAY LAKE LANE
CITY-ST-ZIP DELRAY BEACH FL

TITLE ☒ DELETE

NAME GRAF, GEORGE
STREET ADDRESS 11026 BAYBREEZE WY
CITY-ST-ZIP BOCA RATON FL 33428

TITLE ☐ DELETE

NAME ALIAPOULIOS, STEVE
STREET ADDRESS 8157 PINE TREE LANE
CITY-ST-ZIP W.PALM BCH. FL

TITLE ☐ DELETE

NAME FERGUSON, DANNY L.
STREET ADDRESS 2419 NW 30TH ROAD
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ DELETE

NAME KOCH, JOHN S.
STREET ADDRESS 811 SKY PINE WAY, #C1
CITY-ST-ZIP WEST PALM BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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)(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 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 of Steve Aliapoulos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVE ALIAPOULIOS

4-27-99 561-586-8157

Date

Daytime Phone #

CR2E037 (1/98)

0043286