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Feb 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 710636 (2)

1. Corporation Name

GREATER POMPANO BEACH JAYCEES BUILDING CORPORATI
ON, INC.

Principal Place of Business

Mailing Address

3953 N. FEDERAL HWY
POMPANO BEACH FL 33063
USP O BOX 802
POMPANO BEACH FL 33061-0802
US3. Date Incorporated or Qualified
03/31/19663a. Date of Last Report
03/25/1996

2. Principal Place of Business

2a. Mailing Address

21 1613 NE 31ST STREET

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23 POMPANO BEACH, FL

28

Zip

Country

Zip

Country

24 33064

25

US

29

30

4. FEI Number
65-0282426

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida StatutesYes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TAGGART, LARRY
1613 NE 31ST STREET
POMPANO BEACH FL 33064

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 617.0903, Florida Statutes.

SIGNATURE LARRY TAGGART

Larry Taggart

1-26-97

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

(NOTE: Registered Agent Signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	TAGGART, LARRY	
STREET ADDRESS	1613 NE 31ST ST	
CITY-ST-ZIP	POMPANO BEACH FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	T	<input type="checkbox"/> DELETE
NAME	BRADLEY, RANDY	
STREET ADDRESS	1500 NE 34TH ST	
CITY-ST-ZIP	POMPANO BEACH FL	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	S	<input type="checkbox"/> DELETE
NAME	TAGGART, LOUISE	
STREET ADDRESS	1613 NE 31ST ST	
CITY-ST-ZIP	POMPANO BCH. FL	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	CABOT, PHIL	
STREET ADDRESS	315 NE 12TH AVE	
CITY-ST-ZIP	POMPANO BCH. FL	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HINDMAN, JERRY	
STREET ADDRESS	3301 SW 1ST ST	
CITY-ST-ZIP	DEERFIELD BEACH FL	

5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	RODEN, RANDY
5.3 STREET ADDRESS	4347 NW 6 AVENUE
5.4 CITY-ST-ZIP	POMPANO BEACH FL 33064

TITLE	D	<input type="checkbox"/> DELETE
NAME	JEAN, ROGER	
STREET ADDRESS	1331 NE 27TH AVE	
CITY-ST-ZIP	POMPANO BEACH FL	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-97

941-8756

Date

Daytime Phone # 0025342

CR2E037 (9/96)