

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # 710636**

1. Corporation Name

**GREATER POMPANO BEACH JAYCEES BUILDING CORPORATI  
ON, INC.**

Principal Place of Business

1613 NE 31ST ST  
POMPANO BEACH FL 33064  
US

Mailing Address

P O BOX 802  
POMPANO BEACH FL 33061  
US

**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90195 028 \*\*\*\*70.00

0025893



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

03/31/1966

4. FEI Number

65-0282426

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Election Campaign Financing



**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

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

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 P ☐ DELETE

NAME **TAGGART, LARRY**  
STREET ADDRESS **1613 NE 31ST ST**  
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE T ☐ DELETE

NAME **BRADLEY, RANDY**  
STREET ADDRESS **1500 NE 34TH ST**  
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE S ☐ DELETE

NAME **TAGGART, LOUISE**  
STREET ADDRESS **1613 NE 31ST ST**  
CITY-ST-ZIP **POMPANO BCH. FL**

TITLE D ☐ DELETE

NAME **CABOT, PHIL**  
STREET ADDRESS **315 NE 12TH AVE**  
CITY-ST-ZIP **POMPANO BCH. FL**

TITLE D ☐ DELETE

NAME **RODEN, RANDY**  
STREET ADDRESS **4347 NW 6TH AVE**  
CITY-ST-ZIP **POMPANO BCH FL**

TITLE D ☐ DELETE

NAME **JEAN, ROGER**  
STREET ADDRESS **1331 NE 27TH AVE**  
CITY-ST-ZIP **POMPANO BEACH FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Louise Taggart* 3-899 941-836

Date

Daytime Phone #

CR2E037 (11/98)