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**Secretary of State**

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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



|                                |  |                     |               |   |     |
|--------------------------------|--|---------------------|---------------|---|-----|
| 2. Principal Place of Business |  | 2a. Mailing Address |               | 3. Date Incorporated or Qualified   |     |
| 21                             |  | 26                  | 1613 NE 31 ST | 03/31/1966  |     |
| Suite, Apt. #, etc.            |  | Suite, Apt. #, etc. |               | 4. FEI Number   |     |
| 22                             |  | 27                  | POMPANO BEACH | 65-0282426  |     |
| City & State                   |  | City & State        |               | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |     |
| 23                             |  | 28                  | FL            | 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees                 |     |
| Zip Country                    |  | Zip Country         |               | Trust Fund Contribution   |     |
| 24                             |  | 29                  | 33064         | 30  | USA |

|   |  |  |  |  |  |    |    |
|---|--|--|--|--|--|----|----|
| 9. Name and Address of Current Registered Agent                 |  |  |  | 10. Name and Address of New Registered Agent |  |    |    |
| TAGGART, LARRY<br>1613 NE 31ST STREET<br>POMPANO BEACH FL 33064 |  |  |  | 81   | Name   |    |    |
|   |  |  |  | 82   | Street Address (P.O. Box Number is Not Acceptable) |    |    |
|   |  |  |  | 83   |  |    |    |
|   |  |  |  | 84   | City   | FL | 85 |

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|----------------------|---|---|
| TITLE                      | P<br>TAGGART, LARRY  | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 1613 NE 31ST ST      | 1.2 NAME  |   |
| STREET ADDRESS             | POMPANO BEACH FL     | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                      | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | T<br>BRADLEY, RANDY  | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 1500 NE 34TH ST      | 2.2 NAME  |   |
| STREET ADDRESS             | POMPANO BEACH FL     | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                      | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | S<br>TAGGART, LOUISE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 1613 NE 31ST ST      | 3.2 NAME  |   |
| STREET ADDRESS             | POMPANO BCH. FL      | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                      | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D<br>CABOT, PHIL     | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 315 NE 12TH AVE      | 4.2 NAME  |   |
| STREET ADDRESS             | POMPANO BCH. FL      | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                      | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D<br>RODEN, RANDY    | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 4347 NW 6TH AVE      | 5.2 NAME  |   |
| STREET ADDRESS             | POMPANO BCH FL       | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                      | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D<br>JEAN, ROGER     | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 1331 NE 27TH AVE     | 6.2 NAME  |   |
| STREET ADDRESS             | POMPANO BEACH FL     | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                      | 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 *Louise Taggart* 3-899-941836  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)