

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # 715443	
1. Entity Name WEST PALM BEACH JAYCEES, INC.	
Principal Place of Business 15802 SW MORGAN ST. INDIANTOWN, FL 34956 US	Mailing Address WPB JC PO BOX 1094 WEST PALM BEACH, FL 33402 US



DO NOT WRITE IN THIS SPACE

04032008 No Chg-NP

CR2E037 (4/06)

4. FEI Number 23-7023626	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PARENTEAU, ALISHIA
15802 SW MORGANS ST
INDIANTOWN, FL 34956**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

A. U. Parenteau

A. U. Parenteau

4/3/08

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

(NOTE: Registered Agent signature required when reinstating)

00000083101

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

04/18/08-80042-019 61.25

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	MC MUNN, TERRI
STREET ADDRESS	1827 BANYAN CREEK CIR. NO.
CITY-ST-ZIP	BOYNTON BEACH, FL 33436

TITLE	VP
NAME	SCHUMACHER, VICKY
STREET ADDRESS	6296 DANIA STREET
CITY-ST-ZIP	JUPITER, FL 33458

TITLE	TD
NAME	PARENTEAU, ALISHIA U
STREET ADDRESS	15802 SW MORGAN ST
CITY-ST-ZIP	INDIANTOWN, FL 34956

TITLE	D
NAME	LEITE, JESSICA
STREET ADDRESS	PO BOX 32488
CITY-ST-ZIP	WEST PALM BEACH, FL 33420

TITLE	D
NAME	URBA, ALANA
STREET ADDRESS	9886 LAKESPUR CIR
CITY-ST-ZIP	WEST PALM BEACH, FL 33410

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

A. U. Parenteau
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/08
Date

561 - 358 9770
Daytime Phone #