FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

Florida Department of State
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 FEB 28 AM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 726299 (1)

1. Corporate Name

THE URBAN LEAGUE OF PALM BEACH COUNTY, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1700 N. AUSTRALIAN AVE. WEST PALM BEACH FL 33407	P.O. BOX 949 WEST PALM BCH., FL 33407

3. Date Incorporated or Qualified: 05/01/1973
3a. Date of Last Report: 08/25/1994
4. FEI Number: 59-1533710 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

BURDICK, SYLVAN
324 DATURA ST.
WEST PALM BEACH FL 33401

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	THYRA STARR	1.2 NAME	
STREET ADDRESS	124 SEGUOIA DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BCH., FL 33407	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	BAKER MOSES JR.	2.2 NAME	
STREET ADDRESS	2134 PALM BCH., LAKES BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BNCH., FL 33409	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	ANDREWS MARICA	3.2 NAME	
STREET ADDRESS	722 WIND FLOWER CT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	WELKLINGTON FL 33414	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	REESE REGINALD L.	4.2 NAME	
STREET ADDRESS	3882 CIRCLE LAKE DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON LYDIA KNOWLES	5.2 NAME	
STREET ADDRESS	815 FIFTH ST. # B	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BCH., FL 33401	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Otelia Burbo Jr. / President / CEO
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0047736