## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMEN

Secretary of \$
DIVISION OF CORPO

FSTATE

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FILED Feb 03 1997 8:00am Secretary of State

1997

DOCUMENT #

SIGNATURE:

726299

(1)

THE URBAN LEAGUE OF PALM BEACH COUNTY, INC.

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Principal Place of Business		Mailing Address			- I TERNIT TORIN TIDEN BRIND THOSE HAVING THE PRINT OF OUT ALOUE ALBERT BIDIN OF DIVING THE PRINT OF THE PRIN				
1700 N. AUSTRALIAN AVE. WEST PALM BEACH FL 33407		P.O. BOX 949 WEST PALM BCH., FL 33402-0949							
						3. Date Incorporated or Qualified 05/01/1973	3a. Da	ate of Last Re 08/28/199	eport <b>36</b>
21	ace of Business	2a. Mailing Address 26			4. FEI Number 59-1533710	Applied For Not Applicable			
Suite, Apt. #		Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Required				
City & State		City & State			,	6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added I	
Ζιρ <b>24</b>	Country 25	Zip <b>29</b>	30 Cou	untry		8. This corporation has liability for in Florida Statutes	ntangible Yes		199.032,
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Re	gistered	Agent	
81 Name									
KAYE, H	enry L	iress (P.O. Box Number is Not Acceptab	le)						
230 ROYAL PALM WAY					0,,000,7,000	, see (i.e. ben rained to the recopial	,,		
STE #30			83						
Palm be	ACH FL 33480			84	City			85 Zip (	Code
					•		FL.	• [	
11. Pursuant to the provisions of Sections 617.0502 and 617.0508, 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 _								<del> </del>	
	Signature typed or printed name of registered agent	······································			eignature requ	ulted when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	DIRECTOR	20 IAI 40
12. TITLE	OFFICERS AND	DELETE	13.			ADDITIONS/GRANGES TO OFFIC	ENS AND	Change	Addition
	BAKER, MOSES JR	occur						L Change	L Addition
NAME etreet addocce	2134 PALM BCH., LAKES BLVI	ח	1.2 N		PPDF##				
STREET ADDRESS	WEST PALM BNCH., FL 33409			STREET AL		·			
CITY-ST-ZIP TITLE	VD	DELETE	2.1 7	CITY-ST-	ZIF		<del></del>	Change	Addition
NAME	ANDREWS MARICA		2.2 N						
STREET ADDRESS	722 WIND FLOWER CT.			STREET AL	MARKE				
CHTY-ST-ZIP	WELKLINGTON FL 33414			CITY-ST			1		
TITLE	SD SD	☐ DELETE	3,1 Ti		- ZIF			Change	Addition
NAME	JOHNSON, LYDIA K	<del></del>	3.2 N					L	
STREET ADDRESS	815 FIFTH ST. # B			STREET AL	DDRESS				
CiTY-ST-ZIP	WEST PALM BCH., FL 33401			CITY-ST-		•			
TITLE		DELETE	4.1 TI					Change	Addition
NAME			4. 2 N	NAME			-1		
STREET ADDRESS			4.3 S	STREET A	DDRESS				•
City-St-Zip			4.4 C	CITY-ST-	ZIP				
TITLE		DELETE	5.1 10	ITLE				Change	Addition
NAME			5.2 N	NAME					
STREET ADDRESS			5.3 \$	STREET AL	DDRESS				
C(TY-ST-ZIP			5.4 C	CITY - ST-	ZIP		· · · · · · · · · · · · · · · · · · ·		
TITLE		☐ DELETE	6.1 Ti	ITLE				Change	Addition Addition
NAME			6.2 N	IAME					
STREET ADDRESS			6.3 S	STREET A	DDRESS				
CITY-ST-ZIP				CITY-ST-					
14. I do hereb information	y certify that the information supplied in indicated on this annual report or su	with this filing does not qual applemental annual report is	lify for the	exem accur	option state ate and the	ed in Section 119.07(3)(i), Florida Statute	s. I furthe I effect a:	r certify that s if made un	the der oath: that
information indicated on this annual report or supplemental annual report is vive 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 trustes employered 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.									