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Feb 18, 1999 8:00am
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02-18-1999 90029 019 *****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 733868

1. Corporation Name

YOUNG MEN'S PROGRESSIVE CLUB OF DELRAY BEACH NO.
2, INC.

Principal Place of Business

105 N.W. 11TH AVENUE
P.O. BOX 637
DELRAY BEACH FL 33444

Mailing Address

105 N.W. 11TH AVENUE
P.O. BOX 637
DELRAY BEACH FL 33444

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

09/19/1975

4. FEI Number

NOT APPLICABLE

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

NORRIS, VIRGIL C.
104 S.W. 11TH AVENUE
DELRAY BCH. FL 33444

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 D ☐ DELETENAME ROPER, JAMES
STREET ADDRESS 710 SW 4 AVENUE
CITY-ST-ZIP DELRAY BCH FLTITLE D ☐ DELETENAME THOMAS, JAMES, JR
STREET ADDRESS 1323 NW 3RD ST
CITY-ST-ZIP DELRAY BEACH FL 33444TITLE DT ☐ DELETENAME GHOLSTON, JOE R
STREET ADDRESS 1438 SW 2ND STREET
CITY-ST-ZIP DELRAY BCH FLTITLE PD ☐ DELETENAME RANDOLPH, DAVID E
STREET ADDRESS 105 N W 11TH AVENUE
CITY-ST-ZIP DELRAY BCH FLTITLE VD ☐ DELETENAME STRAGHN, ALFRED
STREET ADDRESS 26 SW 5TH AVE.
CITY-ST-ZIP DELRAY BCH FLTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)

(561)

JAN 27 1999 278-7148