

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 752731 (0)  
1. Corporation Name  
ROYAL PALM BEACH JAYCEES, INC.



Principal Place of Business  
1 JAYCEE WAY  
ROYAL PALM BCH. FL 33411  
US

Mailing Address  
1120 ROYAL PALM BCH BLVD  
#239  
ROYAL PALM BCH. FL 33411  
US

3. Date Incorporated or Qualified  
06/03/1980

3a. Date of Last Report  
05/01/1995

4. FEI Number  
59-2502177

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

9. Name and Address of Current Registered Agent

ROMANI, ROBERT V., ESQ.  
316 FIRST STREET  
WEST PALM BEACH FL

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	<input type="checkbox"/> DELETE
NAME	DUGAL, TAMMY	
STREET ADDRESS	354 EDMOR RD	
CITY-ST-ZIP	W P B FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PRICE, BRENDA	
STREET ADDRESS	190 PARKWOOD DR. S.	
CITY-ST-ZIP	ROYAL PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHOGEN, DINORAH	
STREET ADDRESS	11707 OKEECHOBEE BLVD	
CITY-ST-ZIP	R P B FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, KEVIN	
STREET ADDRESS	138 CORDOLOA CIRCLE	
CITY-ST-ZIP	ROYAL PALM BEACH FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	ELKIND, BRUCE L	
STREET ADDRESS	104 MORGATE CIR	
CITY-ST-ZIP	ROYAL PALM BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	PRESIDENT
43 STREET ADDRESS	MASI, A. TODD
44 CITY-ST-ZIP	13794 54TH ST N.
51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	TREASURER
53 STREET ADDRESS	SNYDER, SCOTT B
54 CITY-ST-ZIP	15 B AMHERST CT.
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	ROYAL PALM BEACH, FL 33411
63 STREET ADDRESS	
64 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:

A. Todd Masi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/13/96

Date

(407) 955-8864

Daytime Phone #

CR2E037 (12/95)