

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90450 029 ****61.25

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DOCUMENT # 759111

1. Entity Name

JUNIOR ACHIEVEMENT OF THE PALM BEACHES, INCORPORATED



Principal Place of Business

**5601 CORPORATE WAT
STE - 400
WEST PALM BEACH FL 33407
US**

Mailing Address

**5601 CORPORATE WAT
STE - 400
WEST PALM BEACH FL 33407
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2333738**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLANIGAN, JOHN F.
625 N. FLAGLER DR. 9TH FL
WEST PALM BEACH FL 33402**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 **Flanigan, John F.**

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **C** ☐ Delete
NAME **FLANIGAN, JOHN F.**
STREET ADDRESS **625 NORTH FLAGLER DR NINTH FL**
CITY-ST-ZIP **W PALM BEACH FL**

TITLE **Director** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☒ Delete
NAME **STONE-ST. JOHN, ELLEN**
STREET ADDRESS **5601 CORPORATE WAY, SUITE 400**
CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE **President** ☐ Change ☐ Addition
NAME **Foster, Mary Kathleen**
STREET ADDRESS **5601 Corporate Way, Suite 400**
CITY-ST-ZIP **West Palm Beach, FL 33407**

TITLE **VD** ☐ Delete
NAME **MARTLING, LEONARD W**
STREET ADDRESS **560 VILLAGE BOULEVARD, SUITE 120**
CITY-ST-ZIP **WEST PALM BEACH FL 33409**

TITLE **Chairman of Board** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **POWERS, BRIAN**
STREET ADDRESS **2328 10TH AVE NORTH 6A**
CITY-ST-ZIP **LAKE WORTH FL**

TITLE **Secretary** ☐ Change ☒ Addition
NAME **Springer, James E.**
STREET ADDRESS **777 S. Flagler Dr., Suite 140 E**
CITY-ST-ZIP **West Palm Beach, FL 33401**

TITLE **T** ☐ Delete
NAME **SCHANEL, GLENN**
STREET ADDRESS **14243 US HIGHWAY ONE**
CITY-ST-ZIP **JUNO BEACH FL 33408**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **BENNETT, DUANE H**
STREET ADDRESS **235 RUSSLYN DRIVE**
CITY-ST-ZIP **WEST PALM BEACH FL 33405**

TITLE **Chairman-Elect** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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 627, 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:

Signature of Mary Kathleen Foster

4.24.03

CR2E037 (10/02)