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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 23 PM 1:07

DOCUMENT # 768147 (1)

1. Corporation Name
VOLUNTEER CENTER OF PALM BEACH COUNTY, INC.

Principal Place of Business	Mailing Address
BOX 20809 W PALM BCH FL 33416	BOX 20809 W PALM BCH FL 33416

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/26/1983
3a. Date of Last Report: 01/28/1994
4. FEI Number: 59-2335462 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 2600 QUANTUM BLVD.	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: BOYTON BEACH, FL	28 City & State
24 Zip: 33426 25 Country: PALM BCH	29 Zip 30 Country

9. Name and Address of Current Registered Agent

MINTLE, LYN W.
310 OKEECHOBEE RD
W PALM BCH FL 33401

10. Name and Address of New Registered Agent

81 Name: AHERN, ROBERT W.
82 Street Address (P.O. Box Number is Not Acceptable): 2600 QUANTUM BLVD
83
84 City: BOYTON BEACH FL 85 Zip Code: 33426

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: Robert Ahern 5/18/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	NEWLANDS, JAN	1.2 NAME		
STREET ADDRESS	(FIDELITY FEDERAL) 200 DATURA ST	1.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	CARMODY, KATHY	2.2 NAME		
STREET ADDRESS	(KC'S DESKTOP) 2444 METRO CENTRE BLVD.	2.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP		
TITLE	TD	3.1 TITLE		☐ Change ☐ Addition
NAME	CLOUGH, RANDY	3.2 NAME		
STREET ADDRESS	1601 BELVERDE RD STE 200 EAST	3.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BCH FL	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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.

SIGNATURE: Randy M. Clough 5-18-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0048740