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Annual Report

Filed 5-23-95

2 pgs.

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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
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

BOX 20809
W PALM BCH FL 33416

Mailing Address

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

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 2600 QUANTUM BLVD.

Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

23 BOYTON BEACH, FL

City & State

27 City & State

Zip

24 33426

Country

25 PALM BCH

Zip

29

Country

30

9. Name and Address of Current Registered Agent

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

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 607.0502, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

5/18/95

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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