

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 5:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K09426

(3)

1. Corporation Name:

AGENDA COORDINATORS, INC.

Principal Place of Business

P.O. BOX 1156
JUPITER FL 33468-1156

Mailing Address

P.O. BOX 1156
JUPITER FL 33468-1156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/29/1987

3a. Date of Last Report
09/19/1994

2. Principal Place of Business

21

Suite Apt # etc

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite Apt # etc

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City & State

28

Zip

Country

30

4. FEI Number

65-0018342

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 mandatory fees under s. 118.032,
Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

IMBERTSON, JACQUELINE J.
115 SHERWOOD CIRCLE #26A
JUPITER FL 33458

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 607.0205 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, as set forth 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 607.0205, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Registered Agent Holding

4/28/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

D
IMBERTSON, JACQUELINE J.
115 SHERWOOD CIRCLE #26A
JUPITER FL 33458

TITLE
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24. CITY ST ZIP

25. TITLE
26. NAME
27. STREET ADDRESS
28. CITY ST ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 118.032(3)(b), Florida Statutes. I further certify that the information included 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 manage the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of changed, or on an attachment with an address.

SIGNATURE

Signature and Typed or Printed Name of Officer or Director

4/28/95

407/225-4227