

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91026 022 ****61.25

DOCUMENT # N01000002366

1. Entity Name

FEDERATION OF FAMILIES OF PALM BEACH COUNTY,
INC.



Principal Place of Business

3333 AVE "I"
WEST PALM BEACH FL 33404

Mailing Address

3333 AVE "I"
WEST PALM BEACH FL 33404

04001373

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

3333 Ave. I

Suite, Apt. #, etc.

3333 Ave I

City & State

Riviera Beach, FL

City & State

Riviera Beach, FL

Zip

33404

Country

USA

Zip

33404

Country

USA

MOORE

CR2E037 (11/03)

4. FEI Number

52-2313668

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FITZGERALD, SHANTEL
4384 NICOLE CIRCLE
TESUETA FL 33469

7. Name and Address of New Registered Agent

Name

Judy Lyons

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

484 Nicole Circle

City

Tequesta

FL

Zip Code

33469

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

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
Due By May 1, 2004

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

TITLE P
NAME LYONS, JUDY
STREET ADDRESS 4384 NICOLE CIRCLE
CITY-ST-ZIP TEQUESTA FL 33469 ☐ Delete

TITLE VT
NAME SHAKIR, VIVIAN
STREET ADDRESS 5641 LAFAYETTE STREET
CITY-ST-ZIP W. PALM BEACH FL 33417 ☐ Delete

TITLE S
NAME FITZGERALD, SHANTEL
STREET ADDRESS 1300 W. 26TH COURT
CITY-ST-ZIP RIVIERA BEACH FL 33404 ☒ Delete

TITLE D
NAME MCFARLAND, CLEONE
STREET ADDRESS 8205 BELVEDERE RD., APT. 202
CITY-ST-ZIP W. PALM BEACH FL 33411 ☒ Delete

TITLE D
NAME JERNIGAN, GIRTHA
STREET ADDRESS 16432 E DREUKNESS DR
CITY-ST-ZIP LOXAHATCHEE FL 33470 ☐ Delete

TITLE D
NAME JACKSON, JEFFREY LT.
STREET ADDRESS 4774 SUNNY PALM CIRCLE, APT. A
CITY-ST-ZIP W. PALM BEACH FL 33415 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME Eddie Jenkins
STREET ADDRESS 1133 W 26th Court
CITY-ST-ZIP Riviera Beach, FL 33404 ☐ Change ☐ Addition

TITLE D
NAME Mohamud, Fartun
STREET ADDRESS 3648 Chesapeake Court
CITY-ST-ZIP Wellington, FL 33414 ☐ Change ☒ Addition

TITLE D
NAME Herndon, Larry
STREET ADDRESS 218 Gale Place
CITY-ST-ZIP West Palm Beach, FL 33409 ☐ Change ☒ Addition

TITLE D
NAME Acting Secretary
STREET ADDRESS Strickland, Inez
CITY-ST-ZIP 163 W 24th Street
Riviera Beach, FL 33404 ☐ Change ☒ Addition

TITLE D
NAME Strickland Milton
STREET ADDRESS 163 W 24th Street
CITY-ST-ZIP Riviera Beach, FL 33404 ☐ Change ☒ Addition

TITLE D
NAME Barrett, Debra
STREET ADDRESS 1001 36th Street Apt. N-70
CITY-ST-ZIP West Palm Beach, FL 33407 ☐ Change ☒ Addition

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 617, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #