

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Jun 02, 2005 8:00 am
Secretary of State

06-02-2005 90003 018 ****61.25

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05192005 Chg-NP CR2E037 (10/03)

DOCUMENT # N01000002366					
1. Entity Name FEDERATION OF FAMILIES OF PALM BEACH COUNTY, INC.					
Principal Place of Business 3333 AVE "I" RIVIERA BEACH, FL 33404			Mailing Address 3333 AVE "I" RIVIERA BEACH, FL 33404		
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 52-2313668	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LYONS, JUDY 4384 NICOLE CIRCLE TESUETA, FL 33469				7. Name and Address of New Registered Agent Name <u>JERNIGAN GIRTHA</u> Street Address (P.O. Box Number is Not Acceptable) <u>16432 E PREAKNESS</u> City <u>LOXAHATCHEE</u> FL Zip Code <u>33470</u>	
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 <u>Girtha Jernigan</u> DATE <u>5/24/05</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by September 7, 2005		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	P	☒ Delete	TITLE	D	☐ Change ☒ Addition
NAME	LYONS, JUDY		NAME	JENKINS, VEREE C.	
STREET ADDRESS	4384 NICOLE CIRCLE		STREET ADDRESS	12288 HAMLIN BLVD	
CITY-ST-ZIP	TEQUESTA, FL 33469		CITY-ST-ZIP	W. PALM BEACH, FL 33412	
TITLE	VT	☒ Delete	TITLE	D	☐ Change ☒ Addition
NAME	SHAKIR, VIVIAN		NAME	HERNDON LARRY	
STREET ADDRESS	5641 LAFAYETTE STREET		STREET ADDRESS	210 GATE PLACE	
CITY-ST-ZIP	W. PALM BEACH, FL 33417		CITY-ST-ZIP	W. PALM BEACH, FL 33409	
TITLE	D	☐ Delete	TITLE	T	☐ Change ☒ Addition
NAME	JENKINS, EDDIE		NAME	STRICKLAND MILTON	
STREET ADDRESS	1133 W 26TH COURT		STREET ADDRESS	163 WEST 24TH STREET	
CITY-ST-ZIP	RIVIERA BEACH, FL 33404		CITY-ST-ZIP	RIVIERA BEACH, FL 33404	
TITLE	D	☒ Delete	TITLE	S	☐ Change ☒ Addition
NAME	MOHAMUD, FARTUN		NAME	STRICKLAND INEZ	
STREET ADDRESS	3648 CHESAPEAKE COURT		STREET ADDRESS	163 WEST 24TH STREET	
CITY-ST-ZIP	WELLINGTON, FL 33414		CITY-ST-ZIP	RIVIERA BEACH, FL 33404	
TITLE	D	☐ Delete	TITLE	P	☒ Change ☐ Addition
NAME	JERNIGAN, GIRTHA		NAME	JERNIGAN GIRTHA	
STREET ADDRESS	16432 E DREUKNESS DR		STREET ADDRESS	16432 E PREAKNESS DR.	
CITY-ST-ZIP	LOXAHATCHEE, FL 33470		CITY-ST-ZIP	LOXAHATCHEE, FL 33470	
TITLE	D	☐ Delete	TITLE	VP	☒ Change ☐ Addition
NAME	JACKSON, JEFFREY LT.		NAME	JACKSON, JEFFREY LT.	
STREET ADDRESS	4774 SUNNY PALM CIRCLE, APT. A		STREET ADDRESS	4774 SUNNY PALM CIR, APT A	
CITY-ST-ZIP	W. PALM BEACH, FL 33415		CITY-ST-ZIP	W. PALM BEACH, FL 33415	
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: <u>C. Vere Jenkins</u>			Date <u>5/23/05</u> (561)863-9848		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		