2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2003 8:00 am
Secretary of State
09-08-2003 90128 042 ****61.25

0010518

DOCUMENT # N01000002366

1. Entity Name
FEDERATION OF FAMILIES OF PALM BEACH COUNTY, INC

Principal Place of Business	Mailing Address
~~3600 BROADWAY AVENUE~~ ~~WEST PALM BEACH FL 33407~~	~~3600 BROADWAY AVENUE~~ ~~WEST PALM BEACH FL 33407~~

CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
3333 AVE. "I"	3333 AVE. "I"
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: RIVIERA BEACH	City & State: RIVIERA BEACH
Zip: FL. Country: P.BEACH COUNTY	Zip: 33404 Country: USA

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	7. Name and Address of New Registered Agent
~~FITZGERALD, SHANTEL~~ ~~1300 W. 26TH STREET~~ ~~RIVIERA BEACH FL 33404~~ Judy Lyons 4384 Nicole Circle Tequesta FL 33469	Name: Judy Lyons Street Address (P.O. Box Number is Not Acceptable): 4384 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: Judy Lyons 9-5-03
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
After September 10, 2003, min will be $236.25

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P LYONS, JUDY 4384 NICOLE CIRCLE TEQUESTA FL 33469	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Eddie Jenkins Director 1133 W 26th Court Riviera Beach, FL 33404	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT SHAKIR, VIVIAN 5641 LAFAYETTE STREET W. PALM BEACH FL 33417	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Girtha Jernigan 16432 E Preakness Dr. Loxahatchee, FL 33470	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S FITZGERALD, SHANTEL 1300 W. 26TH COURT RIVIERA BEACH FL 33404	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCFARLAND, CLEONE 8205 BELVEDERE RD., APT. 202 W. PALM BEACH FL 33411	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRENCH, CHARLIE 1825 WINDSOR AVENUE W. PALM BEACH FL 33407	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JACKSON, JEFFREY LT. 4774 SUNNY PALM CIRCLE, APT. A W. PALM BEACH FL 33415	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (4/03)

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: Executive Director Eddie Jenkins 8/28/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #