FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 9:11

DOCUMENT # N08303 (2)

1. Corporation Name

N.P.B. - P.B.G. JAYCEES CHARITIES, INC.

Principal Place of Business	Mailing Address
745 US HIGHWAY 1 P.O. BOX 14234 NORTH PALM BEACH FL 33408	745 US HIGHWAY 1 P.O. BOX 14234 NORTH PALM BEACH FL 33408

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/21/1985
3a. Date of Last Report: 09/14/1994
4. FEI Number: 59-2545477 ☐ 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

2. Principal Place of Business (21) | Suite, Apt. #, etc. (22) | City & State (23) | Zip (24) | Country (25)

2a. Mailing Address (26) | Suite, Apt. #, etc. (27) | City & State (28) | Zip (29) | Country (30)

9. Name and Address of Current Registered Agent

VOLPI, JIM
NORTHBRIDGE CTR, STE 300, PAVILLION
515 N FLAGLER DR
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

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 607.0502 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	President = P	☒ Change ☐ Addition
NAME	BLIND, GLENN	1.2 NAME	Jill Bennett	
STREET ADDRESS	P.O. BOX 14822 N/A	1.3 STREET ADDRESS	4891 Sable Pine Cr. # D-2	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408-0822	1.4 CITY-ST-ZIP	West Palm Beach, FL 33417	
TITLE	S	2.1 TITLE	Secretary / J.D. VP = VP/S/D	☒ Change ☐ Addition
NAME	CRAIG MCGORARRAH	2.2 NAME	Tina Lynch	
STREET ADDRESS	12386 A1A N5	2.3 STREET ADDRESS	4560 Grand Cypress Road # 53	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	2.4 CITY-ST-ZIP	West Palm Beach, FL 33417	
TITLE	VD	3.1 TITLE	Membership V.P. = VP/D	☒ Change ☐ Addition
NAME	SHERRI WOODS	3.2 NAME	Jeff Asher	
STREET ADDRESS	3080 WINDWERD	3.3 STREET ADDRESS	2789-91 Mango Road # 310	
CITY-ST-ZIP	LANATANE FL 33462	3.4 CITY-ST-ZIP	Lake Worth, FL 33461	
TITLE	P	4.1 TITLE	Chairman of the Board = C	☒ Change ☐ Addition
NAME	STRASSER, MICHELLE	4.2 NAME	Michelle Strasser	
STREET ADDRESS	4815 SABLE PINE CIRCLE APT A	4.3 STREET ADDRESS	4815 Sable Pine Cr # A-1	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	4.4 CITY-ST-ZIP	West Palm Beach, FL 33417	
TITLE	TVP	5.1 TITLE	TVP = T	☒ Change ☐ Addition
NAME	KERLEE, JERRY	5.2 NAME	Skot Schaag	
STREET ADDRESS	400 ROME DRIVE #E-216	5.3 STREET ADDRESS	1400 Village Blvd # 1033	
CITY-ST-ZIP	PALM SPRINGS FL 33461	5.4 CITY-ST-ZIP	West Palm Beach, FL 33409	
TITLE	D	6.1 TITLE	Management V.P. = VP/D	☒ Change ☐ Addition
NAME	ARCHIMEDE,ANNE	6.2 NAME	Richard Cooper	
STREET ADDRESS	6927 152ND DR NORTH	6.3 STREET ADDRESS	9258 Greenmeadow Way	
CITY-ST-ZIP	PALM BCH GARDENS FL 33418	6.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33418	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated 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 execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

REMITTED BY: FAX

SIGNATURE: Michele C. Strasser 4/28/95 407-683-5587
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0048193