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Jun 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham • Secretary of State DIVISION OF CORPORATIONS
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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 33408-0234

3. Date Incorporated or Qualified 03/21/1985	3a. Date of Last Report 04/10/1996
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	30 Country

4. FEI Number 59-2545477	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
VOLPI, JIM NORTHBRIDGE CTR, STE 300, PAVILLION 515 N FLAGLER DR WEST PALM BEACH FL 33401	1801 AUSTRALIAN AVE SUITE 102 WEST PALM BEACH, FL 33409
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
83	84 City
85 Zip Code	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, JILL	1.2 NAME	JILL BENNETT
STREET ADDRESS	4891 SABLE PINE CT #D-2	1.3 STREET ADDRESS	4891 SABLE PINE CT #D-2
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33407
TITLE	VPSD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LYNCH, TINA	2.2 NAME	SHERRI WOODS
STREET ADDRESS	4580 GRAND CYPRESS ROAD #53	2.3 STREET ADDRESS	3080 WINDWARD LN
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	LANTANA, FL 33462
TITLE	VPD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ASHER, JEFF	3.2 NAME	RICHARD TURNER
STREET ADDRESS	2789-91 MANGO ROAD #310	3.3 STREET ADDRESS	4200 OAK ST
CITY-ST-ZIP	LAKE WORTH FL	3.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	C <input checked="" type="checkbox"/> DELETE	4.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STROSSER, MICHELLE	4.2 NAME	MICHAEL BANYAS
STREET ADDRESS	4815 SABLE PINE CT #A-1	4.3 STREET ADDRESS	4099 B PALM BAY CIR.
CITY-ST-ZIP	WEST PALM BEACH FL	4.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33406
TITLE	TVPT <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHONG, SKOT	5.2 NAME	
STREET ADDRESS	1400 VILLAGE BLVD #1033	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	5.4 CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, RICHARD	6.2 NAME	
STREET ADDRESS	9258 GREEN MEADOW WAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	6.4 CITY-ST-ZIP	

14. I do 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)