

FILE NOW: FILING FEE IS \$61.25

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Jun 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham 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



2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	29
Country	Country
25	30

3. Date Incorporated or Qualified	
03/21/1985	
4. FEI Number	Applied For
59-2545477	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
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
VOLPI, JIM 1801 AUSTRALIN AVE S STE. 102 WEST PALM BEACH FL 33409

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 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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D BENNETT, JILL
STREET ADDRESS	4891 SABLE PINE CT, #D-2
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	C WOODS, SHERI
STREET ADDRESS	3080 WINDWARD LANE
CITY-ST-ZIP	LANTANA FL
TITLE	<input type="checkbox"/> DELETE
NAME	TD TURNER, RICHARD
STREET ADDRESS	4200 OAK ST
CITY-ST-ZIP	PALM BEACH GARDENS FL
TITLE	<input type="checkbox"/> DELETE
NAME	PD BANYAN, MICHAEL
STREET ADDRESS	4099 B PALM BAY CIR
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D Sheri Woods
1.3 STREET ADDRESS	833 COTTON BAY DR W809
1.4 CITY-ST-ZIP	W PALM BCH FL 33406
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	S SCALAMANDRE, CHRISTINE
2.3 STREET ADDRESS	12871 Briarlake Drive, H203
2.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33418
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	S A M E
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	C D BANYAS, MICHAEL
4.3 STREET ADDRESS	833 COTTON BAY DR W809
4.4 CITY-ST-ZIP	W PALM BCH FL 33406
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D KEN LOGAN
5.3 STREET ADDRESS	2772 MOORING LANE
5.4 CITY-ST-ZIP	LANTANA, FL 33462
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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.

SIGNATURE: *Michael J Banyas* CHAIRMAN 4/28/98 561-624-2118

CR2E037 (10/97)