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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N08303

1. Corporation Name

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

Principal Place of Business

745 US HIGHWAY 1
P.O. BOX 14234
NORTH PALM BEACH FL 33408

Mailing Address

745 US HIGHWAY 1
P.O. BOX 14234
NORTH PALM BEACH FL 33408



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

03/21/1985

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

9. Name and Address of Current Registered Agent

VOLPI, JIM
1801 AUSTRIALIN 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **S** ☒ DELETE
NAME **SCALAMANDRE, CHRISTINE**
STREET ADDRESS **12871 BRIARLAKE DR, H203**
CITY-ST-ZIP **PALM BCH GDNS FL 33418**

TITLE **D** ☐ DELETE
NAME **WOODS, SHERI**
STREET ADDRESS **833 COTTON BAY DR W809**
CITY-ST-ZIP **W PALM BCH FL 33406**

TITLE **TD** ☒ DELETE
NAME **TURNER, RICHARD**
STREET ADDRESS **4200 OAK ST**
CITY-ST-ZIP **PALM BEACH GARDENS FL**

TITLE **CD** ☒ DELETE
NAME **BANYAS, MICHAEL**
STREET ADDRESS **833 COTTON BAY DR W809**
CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE **D** ☒ DELETE
NAME **LOGAN, KEN**
STREET ADDRESS **2772 MOORING LANE**
CITY-ST-ZIP **LANTANA FL 33462**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President** ☐ Change ☒ Addition
1.2 NAME **Anna Archibede**
1.3 STREET ADDRESS **6297 152nd Dr. North**
1.4 CITY-ST-ZIP **Palm Beach Gardens, FL 33418**

2.1 TITLE **VP** ☒ Change ☐ Addition
2.2 NAME **Sheri Woods**
2.3 STREET ADDRESS **833 Cotton Bay Dr #809**
2.4 CITY-ST-ZIP **WOB FL 33406**

3.1 TITLE **VD** ☐ Change ☒ Addition
3.2 NAME **Nichelle Warden**
3.3 STREET ADDRESS **1502 Chadwick Ct.**
3.4 CITY-ST-ZIP **Boynton Beach, FL 33462**

4.1 TITLE **TD** ☐ Change ☒ Addition
4.2 NAME **George Bayer**
4.3 STREET ADDRESS **225 2nd Court**
4.4 CITY-ST-ZIP **Palm Beach Gardens, FL 33410**

5.1 TITLE **VD** ☒ Change ☐ Addition
5.2 NAME **RICHARD TURNER**
5.3 STREET ADDRESS **4200 OAK ST**
5.4 CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

6.1 TITLE **D** ☐ Change ☐ Addition
6.2 NAME **SCALAMANDRE, CHRISTINE**
6.3 STREET ADDRESS **12871 Briarlake Drive H203**
6.4 CITY-ST-ZIP **Palm Beach Gardens, FL 33418**

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, with all other like empowered.

SIGNATURE: *Anna Archibede* **President** 4/12/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

561-881-5622

Daytime Phone #

CR2E037 (11/98)