

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90117 019 \*\*\*\*61.25

0041742

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

2a. Mailing Address

3. Date Incorporated or Qualified

03/21/1985

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2545477

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VOLPI, JIM  
 1801 AUSTRALIN AVE S  
 STE. 102  
 WEST PALM BEACH FL 33409

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

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

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

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

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

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 DELETE

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

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

561-881-5022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)