FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 09, 2002 8:00 am § Secretary of State **DOCUMENT # N08303** 1. Entity Name N.P.B. - P.B.G. JAYCEES CHARITIES, INC. 04-09-2002 91179 008 ****61.25 Principal Place of Business Mailing Address P.O. BOX 14234 P.O. BOX 14234 NORTH PALM BEACH FL 33408 NORTH PALM BEACH FL 33408 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For ----59-2545477 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) VOLPI, JIM 1801 AUSTRIALIN AVE S STE. 102 City "WEST PALM BEACH FL 33409 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. President Delete TITLE (9/01) TITLE Michelles. Warden COLLINS, KATHY NAME 1502 chadwick Ct. STREET ADDRESS 740 SANCTUARY COVE DRIVE STREET ADDRESS **CR2E037** CITY-ST-ZIP WEST PALM BEACH FL 33410 CITY-ST-ZIP Boynton Beach, FC 33436 TITLE Delete TITLE Change 2 Addition JIMENEZ, DANIEL NAME Sherri Banyas NAME STREET ADDRESS 6565 Springmeadow Dr 1929 SERVICE ROAD STREET ADDRESS CITY-ST-ZIP NORTH PALM BEACH FL 33408 CITY-ST-ZIP Coremacns FL 33413 TITLE Delete TITLE ☐ Change 1 Addition vicky Sills BONLARRON, TODD NAME NAME Gaque Dania St STREET ADDRESS 301 N. OLIVE AVENUE STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33401 CITY-ST-ZIP Jupiter FL 33458 TITLE [} Delete TITLE secretary Addition ☐ Change christine Scalamandre NAME BALL, VICTORIA NAME 12871 Brianlake Dr #HOQ? STREET ADDRESS 454 KELSEY PARK DRIVE STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33410 CITY-ST-ZIP FC 33418 Beach Gardens Delete TITLE TITI F ☐ Change ☐ Addition NAME RUSSELL, JOANNA NAME STREET ADDRESS 1963 BRANDYWINE ROAD # 101 STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33409 CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY STEZIP 1 CITY-ST-ZIP

12: Thereby 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 1700

1/30/02

541-445-0070