

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08303

FILED
Apr 06, 2009
Secretary of State

Entity Name: N.P.B. - P.B.G. JAYCEES CHARITIES, INC.

Current Principal Place of Business:

P.O. BOX 14234
NORTH PALM BEACH, FL 33408

New Principal Place of Business:

603 ANCHORAGE DR
NORTH PALM BEACH, FL 33408

Current Mailing Address:

P.O. BOX 14234
NORTH PALM BEACH, FL 33408

New Mailing Address:

FEI Number: 59-2545477 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARDEN, MICHELLE
1395 NW 17TH AVE #114
DELRAY BEACH, FL 33445 US

Name and Address of New Registered Agent:

WARDEN, MICHELLE S
1395 NW 17TH AVE #114
DELRAY BEACH, FL 33445 US

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.

SIGNATURE: MICHELLE S. WARDEN

04/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WARDEN, MICHELLE S
Address: 1395 NW 17TH AVE #114
City-St-Zip: DELRAY BEACH, FL 33445

Title: SD () Delete
Name: BANYAS, SHERRI
Address: 6565 SPRING MEADOW DRIVE
City-St-Zip: GREENACRES, FL 33413

Title: VD () Delete
Name: SCHUMACHER, VICKY
Address: 6296 DANIA STREET
City-St-Zip: JUPITER, FL 33458

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: BANYAS, SHERRI
Address: 1550 TOWN BRISGE ROAD
City-St-Zip: TALLAHASSEE, FL 32308

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELLE S. WARDEN

D

04/06/2009

Electronic Signature of Signing Officer or Director

Date