FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 9:20

DOCUMENT # **N09840** **(2)**

1. Corporation Name

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

Principal Place of Business	Mailing Address
745 U.S. HIGHWAY 1 P.O. BOX 14234 N PALM BCH FL 33408	745 U.S. HIGHWAY 1 P.O. BOX 14234 N PALM BCH FL 33408

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/19/1985
3a. Date of Last Report: 08/09/1994
4. FEI Number: 59-2342685 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

VOLPI, JIM
NORTH BRIDGE CENTER
515 N FLAGLER DR., STE 300 PAVILION
WEST PALM BCH. FL 33401

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	Chairman of the Board=C	☒ Change ☐ Addition
NAME	STRASSER, MICHELLE	12 NAME	Michelle Strasser	
STREET ADDRESS	4815 SABLE PINE CIR, APT A	13 STREET ADDRESS	4815 Sabal Pine Circle Apt A-1	
CITY-ST-ZIP	W PALM BCH FL	14 CITY-ST-ZIP	West Palm Beach, FL 33417	
TITLE	TV	21 TITLE	Treasurer/Fin. VP = TVP	☒ Change ☐ Addition
NAME	KERLEE, JERRY	22 NAME	Skot Schaag	
STREET ADDRESS	400 ROME DR., APT. E-216	23 STREET ADDRESS	1400 Village Blvd #1033	
CITY-ST-ZIP	PALM SPRINGS FL	24 CITY-ST-ZIP	West Palm Beach, FL 33409	
TITLE	D	31 TITLE	President = P	☒ Change ☐ Addition
NAME	ARCHIMEDE, ANNA	32 NAME	Bill Bennett	
STREET ADDRESS	6927 152ND DR., NO.	33 STREET ADDRESS	4891 Sable Pine Cr. # D-2	
CITY-ST-ZIP	PALM BCH GDNS FL	34 CITY-ST-ZIP	West Palm Beach, FL 33417	
TITLE	C	41 TITLE	Secretary/T.P.VP = VP/3/D	☒ Change ☐ Addition
NAME	BLIND, GLENN	42 NAME	Tina Lynch	
STREET ADDRESS	PO BOX 14822 NA	43 STREET ADDRESS	4560 Grand Cypress Road #53	
CITY-ST-ZIP	NO PALM BCH FL	44 CITY-ST-ZIP	West Palm Beach, FL 33417	
TITLE	S	51 TITLE	Membership VP = VP/D	☒ Change ☐ Addition
NAME	MCGARARRAH, CRAIG	52 NAME	Jeff Asher	
STREET ADDRESS	12388 ALT A1A, STE. N5	53 STREET ADDRESS	2789-91 Mango Road #310	
CITY-ST-ZIP	PALM BCH GDNS FL	54 CITY-ST-ZIP	Lake Worth, FL 33461	
TITLE	V	61 TITLE	Management V.P = VP/D	☒ Change ☐ Addition
NAME	WOODS, SHERRI	62 NAME	Richard Cooper	
STREET ADDRESS	3080 WINDWARD LANE	63 STREET ADDRESS	9258 Greenmoku Way	
CITY-ST-ZIP	LANTANA FL	64 CITY-ST-ZIP	Palm Beach Gardens, FL 33418	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption set forth 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 [illegible] shall have the same 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: Michelle C. Strasser 4-28-95 407-653-5587
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0048184