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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N09840

1. Corporation Name

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

Principal Place of Business

745 U.S. HIGHWAY 1
P.O. BOX 14234
N PALM BCH FL 33408

Mailing Address

745 U.S. HIGHWAY 1
P.O. BOX 14234
N PALM BCH 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

06/19/1985

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

9. Name and Address of Current Registered Agent

VOLPI, JIM
1801 AUSTRALIAN AVE S
STE. 102
WEST PALM BCH. 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 C
NAME WOODS, SHERRI
STREET ADDRESS 3080 WINDWARD LANE
CITY-ST-ZIP LANTANA FL

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

TITLE D
NAME MOFFETT, ANDREW
STREET ADDRESS 417 NORTHLAKE CT, #B
CITY-ST-ZIP NORTH PALM BEACH FL

TITLE CD
NAME BANYAS, MIKE
STREET ADDRESS 833 COTTON BAY DR W809
CITY-ST-ZIP WEST PALM BEACH FL 33409

TITLE P
NAME SILLS, VICKY
STREET ADDRESS 6296 DANIA ST
CITY-ST-ZIP PALM BCH GDNS FL 33418

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP
1.2 NAME Woods, Sherrri
1.3 STREET ADDRESS 833 Cotton Bay Dr #809
1.4 CITY-ST-ZIP NPB FL 33406

2.1 TITLE President
2.2 NAME Anna Archimede
2.3 STREET ADDRESS 6927 152nd Dr. North
2.4 CITY-ST-ZIP Palm Beach Gardens, FL 33418

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

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

5.1 TITLE VB
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
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 Archimede, President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/12/99

Daytime Phone #

881-5422
511-4888

CR2E037 (1/98)