

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90215 032 \*\*\*\*61.25

**DOCUMENT # N09840**

1. Entity Name

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



Principal Place of Business

P.O. BOX 14234  
N PALM BCH FL 33408

Mailing Address

P.O. BOX 14234  
N PALM BCH FL 33408

14007300



1st MOORE CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2342685

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VOLPI, JIM  
1801 AUSTRALIAN AVE S  
STE. 102  
WEST PALM BCH. FL 33409

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME WARDEN, MICHELLE  
STREET ADDRESS 1502 CHADWICK CT.  
CITY-ST-ZIP BOYNTON BEACH FL 33436

TITLE SD ☐ Delete  
NAME BANYAS, SHERRI  
STREET ADDRESS 6565 SPRING MEADOW DR.  
CITY-ST-ZIP GREENACRES FL 33413

TITLE VD ☐ Delete  
NAME BALL, VICTORIA  
STREET ADDRESS 454 KELSEY PARK DRIVE  
CITY-ST-ZIP WEST PALM BEACH FL 33410

TITLE VD ☐ Delete  
NAME SILLS, VICKY  
STREET ADDRESS 6296 DANIA ST.  
CITY-ST-ZIP JUPITER FL 33458

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Treasurer - Director ☒ Change ☐ Addition  
NAME 11910 Dunes Rd  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME Schumacher, Vicky  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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: Michelle A. Warden, Treasurer/Director 4/30/05 561-881-5622  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #