## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## May 01, 2008 08:00 AN Secretary of State DOCUMENT # N09840 1. Entity Name N.P.B. - P.B.G. JAYCEES, INC. Principal Place of Business Mailing Address P.O. BOX 14234 P.O. BOX 14234 N PALM BCH FL 33408 N PALM BCH FL 33408 2. Principa: Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apr. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Numper Applied For 59-2342685 Not Applicable Zip 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 Name WARDEN, MICHELLE S PRES Street Address (P.O. Box Number is Not Acceptable) 1395 NW 17TH AVE STE. 114 **DELRAY BEACH FL 33445** City 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 cristed name of registered agent and tice if applicable. (NOTE: Registered Agont Signature researed when reinstating) CATE FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Due By May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE TITLE ☐ Delate Addition WARDEN, MICHELLE S PRES NAME NAME 1395 NW 17TH AVE #114 STREET ADDRESS STREET ADDRESS DELRAY BEACH FL 33445 CITY-ST-ZIP CITY - ST-ZIP 05/27/08-80065-02**2 %**49°25□ Addition TITLE Delate BANYAS, SHERRI NAME NAME 6565 SPRING MEADOW DR. STREET ADDRESS STREET ADDRESS **GREENACRES FL 33413** CITY - ST - 7IP CITY - ST- ZIP VΝ TITLE ☐ Addition Delete BALL, VICTORIA NAME NAME 454 KELSEY PARK DRIVE STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33410 CiTY-ST-7IP CITY ST-ZIP TITLE Delete TITLE ☐ Change Addition SCHUMACHER, VICKY NAME NAME 6296 DANIA ST. STREET ADDRESS STREET ADDRESS JUPITER FL 33458 CITY-ST-7IP CITY - ST- ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 fike empowered.

SIGNATURE: Much & S. Word Pres.

4/28/08

561-881-5622

FILED