**FILED** Feb 24, 1999 8:00 am

Secretary of State

02-24-1999 90099 042 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT # N29196**

1. Corporation Name

## NORTH PALM BEACH COUNTY BAR ASSOCIATION, INC.

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Principal Place of Business Mailing Address									
900 E INDIANT	TOWN RD	900 E INDIANTOWN	900 E INDIANTOWN RD			T PREMITAL BLE TIBLE TRUET TRUET TO			
316			316 Jupiter FL 33477						
Jupiter FL 33477 Jupiter FL 33 US US			L 33477			1 (841))8) 414 11814 14181 11414 1-			,, 2,2,,,,,22,,
US		00							
2 Principal P	Place of Business	2a. Mailing Address			3. Dat	e Incorporated or Qualifed	d		
		26			11,	/08/1988			1
Suite, Apt.	# etc	Suite, Apt. #, etc	D.			Number		- App	lied For
22	,	27			65	-0087617		Not	Applicable
City & Stat	te	City & State			F 0-	Alfanta of Chattan Danisad		\$8.75 A	dditional
23		28			5. Cer	tifcate of Status Desired		Fee Rec	guired
Zip	Country	Zip	Cou	ntry	6. Ele	ction Campaign Financing	, ,	\$5.00	May Be
24	25	29	30		Tru	st Fund Contribution		Added to	Fees
	9. Name and Address of Currer	nt Registered Agent			10. Na	me and Address of New	Registered A	gent	
		_	}	81 Name	51A	ME			
HARRIS, STEVEN				82 Street	Address (P.O. Box Number is Not Acceptable)				
222 US H				0001					
STE 214	W 0112			83					
	TA FL 33469			84 City				85 Zip C	ode
						_	FL_		
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida	Statutes, the at	ove-named	corporation sul	omits this statement for th	e purpose of o	changing its r	registered
	to the provisions of Sections 617.050 registered agent, or both, in the State am familiar with, and accept the obliga				oration's poard	or directors. I nereby acc	epi ille appoin	unent as reg	, stored
anoni la		ations of, Section 617,000	3. FIORIDA SIAIL	169.					ı
-	λ.	ations of, Section 617.050	s, Florida Statt	163.	7				
agent. I a	λ.	ations of, Section 617.030	(NOTE: Registered		equired when reinsta	ting)	DATE	D'DIDECTOI	
-	Signature, typed or printed name of registered age	ations of, Section 017.000 int and title if applicable.	(NOTE: Registered	Agent signature r	equired when reinsta	ting) ITIONS/CHANGES TO O			RS IN 12
SIGNATURE	Signature, typed or printed name of registered age	int and title if applicable.	(NOTE: Registered 13. TE 1.1 TIT	Agent signature r	ADD	ITIONS/CHANGES TO O	FFICERS ANI	D DIRECTOR	
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN	ations of, Section 017.000 int and title if applicable.	(NOTE: Registered 13. TE 1.1 TIT	Agent signature r LE ME	D. HARR	itions/changes to o	FFICERS ANI		RS IN 12
SIGNATURE 12.	Signature, typed or printed name of registered age OFFICERS AN  B JONES, GEOFFREY L	int and title if applicable.  ND DIRECTORS	(NOTE: Registered 13. TE 1.1 TIT	Agent signature r	D. HARR	itions/changes to o	FFICERS ANI	Change	RS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered age OFFICERS AN D JONES, GEOFFREY L	int and title if applicable.  ND DIRECTORS  DELE	(NOTE: Registered 13. TE 1.1 TIT 1.2 NA 1.3 ST 1.4 CIT	Agent signature r LE ME REET ADDRESS Y-ST-ZIP	D. HARR	itions/changes to o	FFICERS ANI	Change	RS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AN  D JONES, GEOFFREY L 1061 E. INDIANTOW RD., STE-	int and title if applicable.  ND DIRECTORS	(NOTE: Registered 13. TE 1.1 TIT 1.2 NA 1.3 ST 1.4 CIT	Agent signature r LE ME REET ADDRESS Y-ST-ZIP	D. HARR	itions/changes to o	FFICERS ANI	Change	RS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AN  D JONES, GEOFFREY L 1061 E. INDIANTOW RD., STE-	int and title if applicable.  ND DIRECTORS  DELE	(NOTE: Registered 13. TE 1.1 TIT 1.2 NA 1.3 ST 1.4 CIT	Agent signature r  LE  ME  REET ADDRESS  Y-ST-ZIP	D. PAL	itions/changes to o	FFICERS ANI	Change	RS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered age OFFICERS AN D JONES, GEOFFREY L 1061 E. INDIANTOW RD., STE- JUPITER FL P LABOVICK, BRIAN F	and title if applicable.  ND DIRECTORS  DELE	(NOTE: Registered  13. TE 1.1 TIT 1.2 NA 1.3 ST 1.4 CI TE 2.1 TIT 2.2 NA	Agent signature r  LE  ME  REET ADDRESS  Y-ST-ZIP	Di HARRE 1191 U N. PAU Labour	itions/changes to 0 is, Patric 15, Patric 15, Patric 20, Patric 20, Brian 21, Brian	FFICERS ANI	Change	RS IN 12
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SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AN D JONES, GEOFFREY L 1061 E. INDIANTOW RD., STE- JUPITER FL P LABOVICK, BRIAN F 900 E INDIANTOWN RD STE 3	and title if applicable.  ND DIRECTORS  DELE	(NOTE: Registered 13. TE 1.1 TIT 1.2 NA 1.3 ST 1.4 CI TE 2.1 TIT 2.2 NA 2.3 ST 2.4 CI	Agent signature r  LE  ME  REET ADDRESS  Y-ST-ZIP  LE  ME  REET ADDRESS  IY-ST-ZIP	Di HARRE 1191 U N. PAU Labour	itions/changes to 0 is, Patric 15, Patric 15, Patric 20, Patric 20, Brian 21, Brian	FFICERS ANI	Change	RS IN 12
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CITY- ST-ZIP 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 mustee 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 year an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

HARRIS, PATRICIA

1<del>191 US HWY ONE, STE 20</del>1