

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N29454

(8)

1. Corporation Name

PARTNERS IN COMMUNITY BUILDING, INC.

Principal Place of Business

Mailing Address

3 BEACHWAY NORTH
OCEAN RIDGE FL 33435-4616
US

3 BEACHWAY NORTH
OCEAN RIDGE FL 33435-4616
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/28/1988

4. FEI Number

65-0086084

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

FINLEY, CHANDLER R
1645 PALM BEACH LAKES BLVDD
#300
WEST PALM BEACH FL 33401

CHANGE OF
SUITE # ONLY

10. Name and Address of New Registered Agent

81 Name FINLEY, CHANDLER

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

1645 PALM BEACH LAKES BLVD

83 # 300

84 City WPB

FL

85 Zip Code 33401

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME FINLEY, WILLIAM E

STREET ADDRESS 3 BEACHWAY NORTH

CITY-ST-ZIP OCEAN RIDGE FL 33435

TITLE TD ☐ DELETE

NAME WEST, EDWARD

STREET ADDRESS 5815 NW 25TH TERRANCE

CITY-ST-ZIP BOCA RATON FL

TITLE D ☐ DELETE

NAME CORBETT, JOHN

STREET ADDRESS 319 CLEMATIS ST., #200

CITY-ST-ZIP W PALM BCH. FL

TITLE D ☐ DELETE

NAME TENNENBAUM, ROB

STREET ADDRESS 5422 WILD TURKEY LANE

CITY-ST-ZIP COLUMBIA MO 21044

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

D TENNENBAUM, ROB
1708 SHORTSIDE CIR
WELLINGTON FL 33414

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-1-98 561 756 8924

FILED
Sep 03 1998 8:00am⁸
Secretary of State



CR2E037 (5/98)