

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N38310** (1)

1. Corporation Name

THE PLEASANT CITY COMMUNITY REDEVELOPMENT CORPORATION OF WEST PALM BEACH, INC.



Principal Place of Business

Mailing Address

**PO BOX 404
WEST PALM BEACH FL 33402-0404**

**PO BOX 404
WEST PALM BEACH FL 33402-0404**

3. Date Incorporated or Qualified
05/24/1990

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

2a. Mailing Address

21 447 20th Street

26 P. O. Box 404

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 West Palm Beach, FL

28 West Palm Beach, FL

Zip

Country

Zip

Country

24 33407

25 Palm Beach

29 33407

30 Palm Beach

4. FEI Number

65-0285871

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TYSON, JOSEPH, B.
2000-6 A.E. ISAACS AVENUE
WEST PALM BEACH FL 33407**

81 Name

Anthony Mack

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

83 447 20th Street

84 City

West Palm Beach,

FL

85 Zip Code

33407

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

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

Anthony Mack, President

4/12/96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	TYSON, JOSEPH B	
STREET ADDRESS	2000-6 A.E. ISAACS AVE	
CITY - ST - ZIP	WEST PALM BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ODUM, MICHAEL	
STREET ADDRESS	618 - 21ST STREET	
CITY - ST - ZIP	WEST PALM BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HIGGINS, INITHIA	
STREET ADDRESS	833 30TH STREET	
CITY - ST - ZIP	WEST PALM BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	WHITEHURST, VINCENT	
STREET ADDRESS	820 W TIFFANY DRIVE APT 1	
CITY - ST - ZIP	WEST PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUDNELL, CHARLIE	
STREET ADDRESS	1203 WESTCHESTER DRIVE WPB	
CITY - ST - ZIP	WEST PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, MICHAEL	
STREET ADDRESS	13109 MEADOW BREEZE DRIVE	
CITY - ST - ZIP	WELLINGTON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Anthony Mack	
13 STREET ADDRESS	1910 Beautiful Avenue	
14 CITY - ST - ZIP	West Palm Beach, FL 33407	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	David Drayton	
43 STREET ADDRESS	2020 Spruce Avenue	
44 CITY - ST - ZIP	West Palm Beach, FL 33407	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Anthony Mack
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anthony Mack/President

4/12/96

Date

Daytime Phone #

CR2E03