

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 # **N50480** (5)

1. Corporation Name

WEST PALM BEACH MEN'S COUNCIL, INC.



Principal Place of Business

**2650 Mores Rd.
443 WILDER STREET
WEST PALM BEACH FL 33405**

Mailing Address

**443 WILDER STREET
WEST PALM BEACH FL 33405**

3. Date Incorporated or Qualified
08/18/1992

3a. Date of Last Report
06/29/1995

2. Principal Place of Business

21 2650 Mores Road

2a. Mailing Address

26 2650 Mores Road

4. FEI Number
65-0417370

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

City & State

22 West Palm Beach, FL

City & State

27 West Palm Beach, FL

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip Country
24 33406 25 Palm Beach

Zip Country
29 33406 30 Palm Beach

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

**CONSIDINE, JOE
301 CLEMATIS ST
SUITE 200
W. PALM BEACH FL 33401**

81 Name

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

83

84 City

FL 85 Zip Code

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DS TRUSSEL, JAYSON**
STREET ADDRESS **443 WILDER ST.**
CITY-ST-ZIP **W. PALM BEACH FL**

TITLE ☐ DELETE

NAME **D ROBINSON, JIM**
STREET ADDRESS **301 CLEMATIS ST**
CITY-ST-ZIP **W. PALM BEACH FL**

TITLE ☒ DELETE

NAME **DT SHARROW, BOB**
STREET ADDRESS **5885 WILD LUPINE CT.**
CITY-ST-ZIP **W. PALM BEACH FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 **2650 Mores Road**

1.4 CITY-ST-ZIP **West Palm Beach, FL. 33406**

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 **DT-Treasurer**

3.3 STREET ADDRESS **ALLAN ADAMCIC**

3.4 CITY-ST-ZIP **P.O. Box 731, "NA"**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME **LOKAWATCHEE, FL. 33470**

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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 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:

Jayson Trussel Jayson Trussel 5/1/96 (407)653-2060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)