

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

DOCUMENT # N93000003789 (5)

1. Corporation Name

**PALM BEACH COUNTY EXTENSION OVERALL ADVISORY COM
MITTEE, INC.**

95 MAY -1 PM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business		Mailing Address	
C/O AGRICULTURAL SERVICES CENTER 559 N. MILITARY TRAIL WEST PALM BEACH FL 33415		C/O AGRICULTURAL SERVICES CENTER 559 N. MILITARY TRAIL WEST PALM BEACH FL 33415	
2. Principal Place of Business	2a. Mailing Address		
21	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22	27		
City & State	City & State		
23	28		
Zip	Country	Zip	Country
24	25	29	30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/18/1993	3a. Date of Last Report 05/01/1994
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**HUTCHESON, CLAYTON E
559 N. MILITARY TRAIL
WEST PALM BEACH FL 33415**

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	PERDOMO, RAUL DR
STREET ADDRESS	P.O. BOX 86 N/A
CITY - ST - ZIP	SOUTH BAY FL 33943
TITLE	D
NAME	SCHOECH, CHARLES ESQ
STREET ADDRESS	P.O. BOX 2775 N/A
CITY - ST - ZIP	PALM BEACH FL 33480-2775
TITLE	D
NAME	GLAZ, BARRY DR
STREET ADDRESS	STAR ROUTE, BOX 8
CITY - ST - ZIP	CANAL POINT FL 33438
TITLE	D
NAME	DURANDO, ROSA
STREET ADDRESS	10308 HERITAGE FARMS RD.
CITY - ST - ZIP	LAKE WORTH FL 33487-6720
TITLE	D
NAME	MOLARES, RUTH
STREET ADDRESS	19601 W. SYCAMORE DR.
CITY - ST - ZIP	LOXAHATCHEE FL 33470
TITLE	D
NAME	LAGIN, NEIL
STREET ADDRESS	17730 MAPLEWOOD DR.
CITY - ST - ZIP	BOCA RATON FL 33487-2171

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	FELSBURG, PAUL
1.3 STREET ADDRESS	5962 PURDY LANE
1.4 CITY - ST - ZIP	WEST PALM BEACH FL 33415
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GRAHAM, MIKE
2.3 STREET ADDRESS	519 HAMPTON ROAD
2.4 CITY - ST - ZIP	WEST PALM BEACH FL 33417
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	LEIBOVIT, ART
3.3 STREET ADDRESS	232-A ROYAL PALM WAY
3.4 CITY - ST - ZIP	PALM BEACH FL 33480
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	CHAMBLEE, SANDRA
4.3 STREET ADDRESS	1045 TABIT ROAD
4.4 CITY - ST - ZIP	BELLE GLADE FL 33430
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	KATHY BAUER
5.3 STREET ADDRESS	515 FLAGLER BLVD.
5.4 CITY - ST - ZIP	LAKE PARK FL 33403
6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	CLICK, DAVID
6.3 STREET ADDRESS	1001 N. US 1, SUITE 503
6.4 CITY - ST - ZIP	JUPITER FL 33477

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 110.07(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: *Charles F. Schoech* **Charles F. Schoech** April 25, 1995 (407)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date Daytime Phone #) **655-0620**