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FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA



NONPROFIT  
CORPORATION  
ANNUAL REPORT

1996



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

DOCUMENT # N93000003789 (5)

1. Corporation Name

PALM BEACH COUNTY EXTENSION OVERALL ADVISORY COM  
MITTEE, INC.

Principal Place of Business

C/O AGRICULTURAL SERVICES CENTER  
559 N. MILITARY TRAIL  
WEST PALM BEACH FL 33415

Mailing Address

C/O AGRICULTURAL SERVICES CENTER  
559 N. MILITARY TRAIL  
WEST PALM BEACH FL 33415

3. Date Incorporated or Qualified  
08/18/1993

3a. Date of Last Report  
05/01/1995

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME PERDOMO, RAUL DR  
STREET ADDRESS P.O. BOX 86 N/A  
CITY-ST-ZIP SOUTH BAY FL 33943

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME SCHOECH, CHARLES ESQ  
STREET ADDRESS P.O. BOX 2775 N/A  
CITY-ST-ZIP PALM BEACH FL 33480-2775

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME GLAZ, BARRY DR  
STREET ADDRESS STAR ROUTE, BOX 8  
CITY-ST-ZIP CANAL POINT FL 33438

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME DURANDO, ROSA  
STREET ADDRESS 10308 HERITAGE FARMS RD.  
CITY-ST-ZIP LAKE WORTH FL 33467-6720

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME MOLARES, RUTH  
STREET ADDRESS 19601 W. SYCAMORE DR.  
CITY-ST-ZIP LOXAHATCHEE FL 33470

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME LAGIN, NEIL  
STREET ADDRESS 17730 MAPLEWOOD DR.  
CITY-ST-ZIP BOCA RATON FL 33487-2171

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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANUARY 24, 1996 (407) 241-3274

Date

Daytime Phone #

CR2E037 (12/95)