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FILED

May 20 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

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 33415-1311



3. Date Incorporated or Qualified
08/18/1993

3a. Date of Last Report
02/07/1996

4. FEI Number

NOT APPLICABLE

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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 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 D ☐ DELETE

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

TITLE D ☐ DELETE

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

TITLE D ☐ DELETE

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

TITLE D ☐ DELETE

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

TITLE D ☐ DELETE

NAME MOLARES, RUTH
STREET ADDRESS 10601 W. SYCAMORE DR.
CITY-ST-ZIP LOXAHATCHEE FL 33470

TITLE D ☐ DELETE

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 ☐ 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

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 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.

CR2E037 (9/96)