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Jan 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000003789 (5)**

1. Corporation Name

PALM BEACH COUNTY EXTENSION OVERALL ADVISORY COMMITTEE, 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

3. Date Incorporated or Qualified

08/18/1993

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 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

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 **19601 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 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.

SIGNATURE:

SIGNATURE REQUIRED

1-22-98

(561) 655-0620

Date Daytime Phone #

CR2E037 (10/97)