

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 19, 1999 8:00 am
Secretary of State

02-19-1999 90089 010 ****61.25

DOCUMENT # N93000003789

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

08/18/1993

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

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

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-10-99 (561) 655-0620

CR2E037 (11/98)