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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N93000003936

1. Corporation Name

CAFE JOSHUA, INC.

Principal Place of Business

414 7TH STREET
WEST PALM BEACH FL 33401
US

Mailing Address

P.O. BOX 3253
WEST PALM BEACH FL 33402
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

08/30/1993

4. FEI Number

65-0438392

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

GAMARANO, JOSEPH F JR.
6895 VILLAS DRIVE SOUTH
BOCA RATON FL 33433

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

Joseph F. Gamarano
Signature, typed or printed name of registered agent and title, if applicable.

EXECUTIVE DIRECTOR

Jan. 4, 1999

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **PRUITT, ALISON**
STREET ADDRESS **349 GRANADA RD**
CITY-ST-ZIP **W PALM BCH FL 33401**

TITLE **VD** ☒ DELETE

NAME **PRUITT, ALLISON**
STREET ADDRESS **349 GRENADA ROAD**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **TD** ☐ DELETE

NAME **KELTER, JERRY**
STREET ADDRESS **5644 HIGH FLYER RD E**
CITY-ST-ZIP **PALM BCH GARDENS FL 33418**

TITLE **SD** ☐ DELETE

NAME **STERNSTEIN, GAIL**
STREET ADDRESS **6953 CYPRESS COVE CIR**
CITY-ST-ZIP **JUPITER FL 33458**

TITLE **VD** ☒ DELETE

NAME **ROTH, BARBARA**
STREET ADDRESS **95 CYPRESS AVE**
CITY-ST-ZIP **W PALM BCH FL 33415**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

VD
LINDA NOLAN
1220 SW 20th AVE.
BOCA RATON, FL **33486**

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:

Joseph F. Gamarano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-4-99 (561) 832-5446

CR2E037 (11/98)