

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$165 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$385)

NONPROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # N94000005021 (0)

1. Corporation Name

THE PROFESSIONAL AND BUSINESS FORUM, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 14 AM 9:25

Principal Place of Business

6205 WOOD LAKE ROAD
JUPITER FL 33458

Mailing Address

6205 WOOD LAKE ROAD
JUPITER FL 33458

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/07/1994

3a. Date of Last Report

4. FEI Number

65-0526980

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒ FILING FEE IS
\$61.25

8. This corporation has liability for intangible tax under s. 100.030,
Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

PO Box 2437

West Palm Beach, FL

33402

USA

9. Name and Address of Current Registered Agent

SHERMAN, HEIDI
6205 WOOD LAKE ROAD
JUPITER FL 33458

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

Heidi Sherman

Executive Director

June 3, 1995

Signature, typed or printed name of registered agent and title of application

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME SHERMAN, HEIDI
STREET ADDRESS 6205 WOOD LAKE ROAD
CITY - ST - ZIP JUPITER FL 33458

TITLE D
NAME SHERMAN, SCOTT
STREET ADDRESS 1957 S. FLAGLER DRIVE
CITY - ST - ZIP WEST PALM BEACH FL 33401

TITLE D
NAME McDONALD, NANCY N
STREET ADDRESS 1200 S. FLAGLER DRIVE
CITY - ST - ZIP WEST PALM BEACH FL 33401

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PID
12 NAME McAllister, Jack
13 STREET ADDRESS 2809 Florida Blvd. #509
14 CITY - ST - ZIP Delray Beach, FL 33483

21 TITLE TID
22 NAME Bradley, Susan K.
23 STREET ADDRESS 3220 N. Flagler Dr.
24 CITY - ST - ZIP West Palm Beach, FL 33407

31 TITLE SID
32 NAME McDonald, Nancy N.
33 STREET ADDRESS 1200 S. Flagler Dr.
34 CITY - ST - ZIP West Palm Beach, FL 33401

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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 110.07(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 a 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 this report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John M. McAllister

6/7/95 (407)991-8711