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Mar 16 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 # **N97000001062 (5)**

1. Corporation Name

PALM BEACH COUNTY JOB TRAINING, INC.



Principal Place of Business 625 N. FLAGLER DRIVE 9TH FLOOR WEST PALM BEACH FL 33401	Mailing Address 625 N. FLAGLER DRIVE 9TH FLOOR WEST PALM BEACH FL 33401
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3. Date Incorporated or Qualified

02/24/1997

4. FEI Number

☒ Applied For
☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26 114 ALMERIA ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State 23	City & State 28 ROYAL PALM BEACH FL.
Zip 24	Country 25
	Zip 29 33411
	Country 30

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. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NIELSEN, ROGER
625 N. FLAGLER DRIVE
9TH FLOOR
WEST PALM BEACH FL 33401**

81 Name Roger K. Nielsen
82 Street Address (P.O. Box Number is Not Acceptable) 339 Palmetto Street
83
84 City West Palm Beach
85 Zip Code FL 33405

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 **Roger K. Nielsen**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2/19/98
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D	<input type="checkbox"/> DELETE
NAME MENEFEE, LELIA	
STREET ADDRESS 625 N FLAGLER DR, 9TH FLOOR	
CITY-ST-ZIP WEST PALM BEACH FL 33401	
TITLE D	<input type="checkbox"/> DELETE
NAME NIELSEN, ROGER	
STREET ADDRESS 625 N FLAGLER DR, 9TH FLOOR	
CITY-ST-ZIP WEST PALM BEACH FL 33401	
TITLE D	<input type="checkbox"/> DELETE
NAME O'CONNER, REGINALD	
STREET ADDRESS 625 N FLAGLER DR, 9TH FLOOR	
CITY-ST-ZIP WEST PALM BEACH FL 33401	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE Secretary/Treasurer D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS 114 Almeria St.	
1.4 CITY-ST-ZIP Royal Palm Beach, FL 33411	
2.1 TITLE Vice President D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS 114 Almeria St.	
2.4 CITY-ST-ZIP Royal Palm Beach, FL 33411	
3.1 TITLE President D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME O'CONNOR	
3.3 STREET ADDRESS 114 Almeria St.	
3.4 CITY-ST-ZIP Royal Palm Beach, FL 33411	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Reginald O'Connor**

Reginald O'Connor

2/19/98 (511) 637-7000 x121

CR2E037 (10/97)