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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N97000002409

1. Corporation Name

EXCHANGE CLUB FOUNDATION OF THE NORTHERN PALM BEACHES, INC.

Principal Place of Business

1224 US HWY. 1, STE. H
NORTH PALM BEACH FL 33408

Mailing Address

1224 US HWY. 1, STE. H
NORTH PALM BEACH FL 33408



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

04/28/1997

4. FEI Number

65-0767583

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

MICHEL, BERL
1224 US HWY. 1, STE. H
NORTH PALM BEACH FL 33408

10. Name and Address of New Registered Agent

81 Name

ED ARRANTS

82 Street Address (P.O. Box Number is Not Acceptable)

108 BEAUMONT LANE

83

84 City

PALM BEACH GARDENS

FL

85 Zip Code

33410

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)

4/28/99

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME PARSONS, MICHAEL J
STREET ADDRESS 1224 US HWY. 1, STE. H
CITY-ST-ZIP NORTH PALM BEACH FL 33408

TITLE D ☒ DELETE

NAME PHELPS, ROGER
STREET ADDRESS 4161 S US HWY 1, APT K2
CITY-ST-ZIP JUPITER FL 33477

TITLE D ☒ DELETE

NAME SEMRAD, JAMES A
STREET ADDRESS 122 NW 10TH TERR
CITY-ST-ZIP CORAL SPRINGS FL 33701

TITLE D ☒ DELETE

NAME MICHEL, BERL
STREET ADDRESS 631 US 1, STE. 410
CITY-ST-ZIP NORTH PALM BEACH FL 33408

TITLE D ☐ DELETE

NAME HESS, RAYMOND
STREET ADDRESS 6682 N 141 LANE
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition

1.2 NAME DONALD L. KISELEWSKI, JR.
1.3 STREET ADDRESS 2702 PIN OAK COURT
1.4 CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

2.1 TITLE D ☐ Change ☒ Addition

2.2 NAME AL SILSBY
2.3 STREET ADDRESS 1839 SW WILLOWBEND LANE
2.4 CITY-ST-ZIP PALM CITY, FL 34990

3.1 TITLE D ☐ Change ☒ Addition

3.2 NAME MITCH TYRE
3.3 STREET ADDRESS 565 ALL-AMERICAN BLVD.
3.4 CITY-ST-ZIP PALM CITY, FL 34990

4.1 TITLE D ☐ Change ☒ Addition

4.2 NAME ED ARRANTS
4.3 STREET ADDRESS 108 BEAUMONT LANE
4.4 CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99 (561) 622-3092

Date

Daytime Phone #

CR2E037 (11/98)