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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Feb 21, 1999 8:00 am  
Secretary of State

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1. Corporation Name

PALM COAST JOINT APPRENTICESHIP COUNCIL INC.

Principal Place of Business

WEST PALM BEACH PAINERS JATC  
1213 OMAR ROAD  
WEST PALM BEACH FL 33405

Mailing Address

WEST PALM BEACH PAINERS JATC  
1213 OMAR ROAD  
WEST PALM BEACH FL 33405



2. Principal Place of Business

PALM BEACH COUNTY JATC  
Suite, Apt. #, etc.

1000 OKLAHOMA AVE  
City & State

WEST PALM BEACH  
Zip

33497 Country USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

05/16/1997

4. FEI Number 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

LANTZ, RONALD K  
1860 FOREST HILL BLVD STE 200  
WEST PALM BCH FL 33406

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 CD  
NAME MCGINLEY, JEFF  
STREET ADDRESS 1213 OMAR ROAD  
CITY-ST-ZIP WEST PALM BEACH FL 33405

TITLE D  
NAME STEEN, MIKE  
STREET ADDRESS 1001 W 15TH STREET  
CITY-ST-ZIP RIVIERA BEACH FL 33404

TITLE TSD  
NAME BARDIN, JAN  
STREET ADDRESS 4620 SUMMIT BLVD  
CITY-ST-ZIP WEST PALM BEACH FL 33416

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

1.1 TITLE CHAIRMAN CD  
1.2 NAME STEEN, MIKE  
1.3 STREET ADDRESS 1001 W 15TH ST  
1.4 CITY-ST-ZIP RIVIERA BEACH 33404

2.1 TITLE SEC. TSD  
2.2 NAME DAN SHREWSBURY  
2.3 STREET ADDRESS 1000 OKLAHOMA AVE.  
2.4 CITY-ST-ZIP WEST PALM BEACH 33497

3.1 TITLE D  
3.2 NAME MCGINLEY JEFF  
3.3 STREET ADDRESS 1213 OMAR ROAD  
3.4 CITY-ST-ZIP WEST PALM BEACH 33404

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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

DAN SHREWSBURY

Date

1/4/99 (56) 689-2257

Daytime Phone #

CR2E037 (1/98)