FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

FILED
Sep 25 1997 8:00am
Secretary of State

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DOCUMENT # P95000007118

1. Corporation Name: PPGPB INC.

Principal Place of Business: Jewish Community Center, 3151 N. Military Trail, WPB, FL 33409

Mailing Address: P.P.G.P.B. Inc., P.O. Box 16762, WPB, FL 33416-6762

2. Principal Place of Business — 21: JCC, WPB, FL; 22 Suite, Apt. #, etc.: 3151 N. Mil. Trail; 23 City & State: WPB, FL; 24 Zip: 33409; 25 Country: P.B.

2a. Mailing Address — 26: P.O. Box 16762, WPB; 27 Suite, Apt. #, etc.: —; 28 City & State: WPB, FL; 29 Zip: 33416-6762; 30 Country: Palm Bch

3. Date Incorporated or Qualified: 1996

3a. Date of Last Report: 1996

4. FEI Number: 650552780 — 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent: Larry Kohn, 2461 Village Blvd, WPB, FL 33409

10. Name and Address of New Registered Agent
81 Name: William Rogers
82 Street Address (P.O. Box Number is Not Acceptable): 4741 Poseidon Place
83 Lake Worth 33463
84 City: — FL 85 Zip Code: 33463

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], President — 7/20/97
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	President	☑ DELETE
NAME	Larry Kohn	
STREET ADDRESS	2461 Village Blvd	
CITY-ST-ZIP	WPB, FL 33409	
TITLE	Vice President	☑ DELETE
NAME	William Rogers	
STREET ADDRESS	4741 Poseidon Place	
CITY-ST-ZIP	Lake Worth, FL 33463	
TITLE	Treasurer	☑ DELETE
NAME	Paul Polisena	
STREET ADDRESS	4337 Okeechobee Blvd, H-6	
CITY-ST-ZIP	WPB, FL 33409	
TITLE	Secretary	☑ DELETE
NAME	Debra Malite	
STREET ADDRESS	P.O. Box 16195	
CITY-ST-ZIP	WPB, FL 33416	
TITLE	Board member	☐ DELETE
NAME	Bruce Baner	
STREET ADDRESS	14583 Southern Blvd	
CITY-ST-ZIP	Loxahatchee, FL 33470	
TITLE	Board member	☐ DELETE
NAME	Joaquin (Tato) Bengochea	
STREET ADDRESS	3537 Hunt Rd	
CITY-ST-ZIP	WPB, FL 33461	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D President	☑ Change ☐ Addition
1.2 NAME	William Rogers	
1.3 STREET ADDRESS	4741 Poseidon Place	
1.4 CITY-ST-ZIP	Lake Worth, FL 33463	
2.1 TITLE	D Vice President	☑ Change ☐ Addition
2.2 NAME	Paul Polisena	
2.3 STREET ADDRESS	4337 Okeechobee Blvd, H-6	
2.4 CITY-ST-ZIP	WPB, FL 33409	
3.1 TITLE	D Treasurer	☐ Change ☑ Addition
3.2 NAME	Rick Hill	
3.3 STREET ADDRESS	200 Old Dixie Hwy. #8	
3.4 CITY-ST-ZIP	Lake Park, FL 33403	
4.1 TITLE	D Secretary	☑ Change ☐ Addition
4.2 NAME	Debra Malite	
4.3 STREET ADDRESS	P.O. Box 16195	N/A
4.4 CITY-ST-ZIP	WPB, FL 33416	
5.1 TITLE	T Board member	☑ Change ☐ Addition
5.2 NAME	Bruce Baner	
5.3 STREET ADDRESS	14583 Southern Blvd	10/25/97
5.4 CITY-ST-ZIP	Lox., FL 33470	
6.1 TITLE	T Board member	☑ Change ☐ Addition
6.2 NAME	Joaquin (Tato) Bengochea	
6.3 STREET ADDRESS	3537 Hunt Rd	
6.4 CITY-ST-ZIP	WPB, FL 33461	

CR2E037 (9/96)

14. I do 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: [signature] — 7/20/97 — 561-641-0017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #