

2022 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P96000064445

Entity Name: PALM BEACH VOCATIONAL INSTITUTE, INC.**Current Principal Place of Business:**901 N CONGRESS AVENUE
C201
BOYNTON BEACH, FL 33426**Current Mailing Address:**901 N CONGRESS AVENUE
C201
BOYNTON BEACH, FL 33426 US**FEI Number:** 65-0707673**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**DOYLES, HOPE DR.
901 N CONGRESS AVENUE
C201
BOYNTON BEACH, FL 33426 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** HOPE DOYLES

03/29/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, CEO, DIRECTOR
Name DOYLES, HOPE DR.
Address 901 N CONGRESS AVENUE
C201
City-State-Zip: BOYNTON BEACH FL 33426

Title VP, DIRECTOR
Name BAKER, RODERICK DR.
Address 901 N CONGRESS AVENUE
C201
City-State-Zip: BOYNTON BEACH FL 33426

Title VP, CFO, TREASURER, DIRECTOR
Name SAPP, ANGELA CPA
Address 901 N CONGRESS AVENUE
C201
City-State-Zip: BOYNTON BEACH FL 33426

Title VP, OTHER
Name BONITTO, LAURA DR.
Address 901 N CONGRESS AVENUE
C201
City-State-Zip: BOYNTON BEACH FL 33426

Title VP, OTHER
Name MULLINGS, BOBBET
Address 901 N CONGRESS AVENUE
C201
City-State-Zip: BOYNTON BEACH FL 33426

Title SECRETARY, DIRECTOR
Name VERNON, VIOLET
Address 901 N CONGRESS AVENUE
C201
City-State-Zip: BOYNTON BEACH FL 33426

Title DIRECTOR, CHAIRMAN
Name KYLE, EDWARD DR.
Address 901 N CONGRESS AVENUE
C201
City-State-Zip: BOYNTON BEACH FL 33426

Title DIRECTOR
Name GLASSBERG, LORI HARRISON ESQ.
Address 901 N CONGRESS AVENUE
C201
City-State-Zip: BOYNTON BEACH FL 33426

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DR. HOPE DOYLES

PRESIDENT,CEO

03/29/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	BRYAN, JOE
Address	901 N CONGRESS AVENUE C201
City-State-Zip:	BOYNTON BEACH FL 33426