

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 11, 2004 08:00 AM
Secretary of State

DOCUMENT # 733403



1. Entity Name
PALM BEACH DAY SCHOOL

Principal Place of Business
**241 SEAVIEW AVE.
PALM BEACH, FL 33480**

Mailing Address
**241 SEAVIEW AVE.
PALM BEACH, FL 33480**



01132004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0873834	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$6.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**HANLEY, DANIEL A
777 S. FLAGLER DR.
SUITE 500E
WEST PALM BEACH, FL 33401**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *William T. Kemble* **WILLIAM T. KEMBLE, TREASURER, BOARD OF** **2/4/04**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) **TRUSTEES** DATE

****SEE NOTE BELOW**

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MATTHEWS, WILLIAM M. 1925 N. FLAGLER DR. WEST PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KEMBLE, WILLIAM T 206 CARIBBEAN WAY PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD METZGER, ANNE 277 ESPLANADE WAY PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HANLEY, DANIEL A 417 SEABREEZE AVE PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000085539
03/11/04-80051-022 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William T. Kemble* **WILLIAM T. KEMBLE, TREASURER, BOARD OF**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/04 Date **TRUSTEES** Daytime Phone **961-655-188**