

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 31, 2005 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



01112005 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 ☐ **\$8.75 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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	

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02/11/05-R0053-011 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** 1/21/05
TREASURER

Date

Daytime Phone 561-655-1188