


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90057 046 ****61.25

DOCUMENT # 735321

1. Entity Name
FORUM CLUB OF THE PALM BEACHES, INC.



Principal Place of Business
**PO BOX 16957
 W. PALM BCH., FL 33416**

Mailing Address
**PO BOX 16957
 W. PALM BCH., FL 33416**

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01142005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1701100 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



6. Name and Address of Current Registered Agent

**BAKER, DAVID H
 321 ROYAL POINCIANA PLAZA
 PALM BEACH, FL 33480**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) 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**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	KRIELOW, GARY R	
STREET ADDRESS	2700 PGA BLVD #203	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
TITLE	D	<input type="checkbox"/> Delete
NAME	GALLON, DENNIS	
STREET ADDRESS	4200 CONGRESS AVE.	
CITY-ST-ZIP	LAKE WORTH, FL 33461	
TITLE	S	<input type="checkbox"/> Delete
NAME	COOK, REBEL	
STREET ADDRESS	4521 PGA BLVD #282	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BROOKS, BILL	
STREET ADDRESS	139 N COUNTY RD	
CITY-ST-ZIP	PALM BEACH, FL 33480	
TITLE	P	<input type="checkbox"/> Delete
NAME	RUSSELL, JOYCE	
STREET ADDRESS	3330 FOREST HILL BLVD B-101	
CITY-ST-ZIP	WEST PALM BEACH, FL 33406	
TITLE	V	<input type="checkbox"/> Delete
NAME	BONE, BILL	
STREET ADDRESS	550 S QUADRILLE BLVD	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 -

TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gallon, Dennis	
STREET ADDRESS	4200 Congress Ave.	
CITY-ST-ZIP	Lake Worth, FL 33461	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cook, Rebel	
STREET ADDRESS	4521 PGA Blvd., #282	
CITY-ST-ZIP	Palm Beach Gardens, FL 33410	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alfred J. Malefatto	
STREET ADDRESS	777 So. Flagler Drive, East Tower	
CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Russell, Joyce	
STREET ADDRESS	3330 Forest Hill Blvd., B-101	
CITY-ST-ZIP	West Palm Beach, FL 33406	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bone, Bill	
STREET ADDRESS	550 S. Quadrille Blvd.	
CITY-ST-ZIP	West Palm Beach, FL 33401	

12. 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 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 information.

SIGNATURE: Gary R. Krielow *Gary R. Krielow* 1/14/05 561-694-1090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #