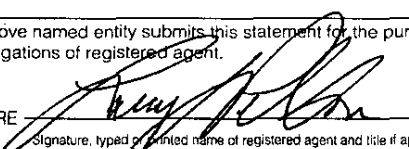
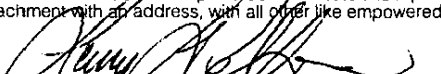


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90795 001 ***122.50

DOCUMENT # 761719 1. Entity Name BUSINESS DEVELOPMENT BOARD OF PALM BEACH COUNTY, INC.					
Principal Place of Business 222 LAKE VIEW AVE STE 1200 WEST PALM BEACH FL 33401 US			Mailing Address 222 LAKE VIEW AVE STE 1200 WEST PALM BEACH FL 33401 US		
2. Principal Place of Business 310 EVERNIA ST. Suite, Apt. #, etc.		3. Mailing Address 310 EVERNIA ST. Suite, Apt. #, etc.			
City & State WEST PALM BEACH, FL Zip 33410 Country USA		City & State WEST PALM BEACH, FL Zip 33410 Country USA		4. FEI Number 59-2169828 Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				 MOORE CR2E037 (11/03)	
6. Name and Address of Current Registered Agent PELTON, LARRY L 222 LAKEVIEW AVE., #1200 WEST PALM BEACH FL 33401					
7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) 310 EVERNIA ST. City WEST PALM BEACH, FL Zip Code 33401				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 reinstating)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD AUDIN, KEVIN PO BOX 109600 WEST PALM BEACH FL 33410 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAST CHAIR PHILIP WARD 4420 BEACON CIR. WEST PALM BEACH, FL 33404 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CAMPBELL, ROGER 4700 BLUE LAKE DR BOCA RATON FL 33431 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY HARRY WEEDE 450 AUSTRALIAN AVE. WEST PALM BEACH, FL 33401 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PHIPPS, JEFFREY 5100 TOWN CENTER CIRCLE BOCA RATON FL 33486 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT LARRY PELTON 310 EVERNIA ST WEST PALM BEACH, FL 33401 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SABIN, EDWARD 4555 RIVERSIDE DR PALM BEACH GARDENS FL 33410 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FAGAN, GREGORY 4152 BLUE HERON BLVD RIVIERA BEACH FL 33404 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE CHAIR TOM LYNCH P.O. DRAWER 730 DELRAY BEACH, FL 33447 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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 like empowered.					
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					