


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 22, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 811656</b> 1. Entity Name 455 WORTH AVENUE CORP	
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Principal Place of Business 455 WORTH AVE. PALM BEACH, FL 33480	Mailing Address 455 WORTH AVE. PALM BEACH, FL 33480
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**DO NOT WRITE IN THIS SPACE**



01122008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-0897269	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

ROBINSON, CARALYN P  
 455 WORTH AVE.  
 PALM BEACH, FL 33480

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	000000790510 01/23/08-80037-010 61.25
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**10. OFFICERS AND DIRECTORS**

TITLE	D	
NAME	FRITZ, ROSEMARY	
STREET ADDRESS	455 WORTH AVE.	
CITY - ST - ZIP	PALM BEACH, FL 33480	
TITLE	S	
NAME	HODGINS, WILLIAM	
STREET ADDRESS	455 WORTH AVE.	
CITY - ST - ZIP	PALM BEACH, FL 33480	
TITLE	P	
NAME	SAGE, HENRY	
STREET ADDRESS	455 WORTH AVENUE	
CITY - ST - ZIP	PALM BEACH, FL 33480	
TITLE	VP	
NAME	KIBORT, CHARLES A JR	
STREET ADDRESS	455 WORTH AVENUE	
CITY - ST - ZIP	PALM BEACH, FL 33480	
TITLE	TD	
NAME	WALLACH, FREDERICK E	
STREET ADDRESS	455 WORTH AVE.	
CITY - ST - ZIP	PALM BEACH, FL 33480	
TITLE	AS	
NAME	ROBINSON, CARALYN P	
STREET ADDRESS	455 WORTH AVENUE	
CITY - ST - ZIP	PALM BEACH, FL 33480	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** Carly Robinson 1.12.08 561.655.8013

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