

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008134

FILED  
Mar 25, 2011  
Secretary of State

**Entity Name:** WEST PALM BEACH LIBRARY FOUNDATION, INC.

**Current Principal Place of Business:**

411 CLEMATIS STREET  
WEST PALM BEACH, FL 33401 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 115  
WEST PALM BEACH, FL 33402 US

**New Mailing Address:**

FEI Number: 65-1068311

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

AREVALO, ELIZABETH  
411 CLEMATIS STREET  
WEST PALM BEACH, FL 33401 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: SD  
Name: HARRIS, LYNDIA J ESQ  
Address: C/O CARLTON FIELDS 525 OKEECHOBEE BLV 1200  
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: PD  
Name: MYERS, ALEXANDER  
Address: 3227 EMBASSY DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: VPD  
Name: SANDERS, ROBERT ESQ  
Address: GREENBERG TRAUIG, 777 S FLAGLER DR #300E  
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: TD  
Name: LEONE, MICHAEL  
Address: C/O ALPERN ROSENTHALL, 440 COLUMBIA DR 500  
City-St-Zip: WEST PALM BEACH, FL 33409

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL S. LEONE

TD

03/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date