2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 20, 2007 8:00 am
Secretary of State
08-20-2007 90056 014 ****61.25

DOCUMENT # N06000007713

1. Entity Name
THE PALM BEACH POLICE FOUNDATION, INC.

Principal Place of Business	Mailing Address
350 S. COUNTY RD. SUITE 102-200 PALM BEACH, FL 33480	350 S. COUNTY RD. SUITE 102-200 PALM BEACH, FL 33480

07132007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 83-0462654 ☐ Applied For ☒ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~GOTTLIEB, STUART M~~ ~~525 SOUTH FLAGER DRIVE STE 200~~ ~~WEST PALM BEACH, FL 33401~~	Name FRED HESS Street Address (P.O. Box Number is Not Acceptable) 139 North County Road, Ste 20C City Palm Beach FL Zip Code 33480

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 _____ F.M. Hess 08/15/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 14, 2007

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	D HESS, FRED ~~1676 SOUTH OCEAN BLVD~~ PALM BEACH, FL 33480	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 139 North County Road Suite 20C
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KOEPPEL, JOEL EL P ~~1676 SOUTH OCEAN BLVD~~ PALM BEACH, FL 33480	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition KOEPPEL, JOEL P. 139 North County Road, Suite 20C
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MORAN, TIM ~~1676 SOUTH OCEAN BLVD~~ PALM BEACH, FL 33480	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 139 North County Road, Suite 20C
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PAGAN, MICHELE ~~1676 SOUTH OCEAN BLVD~~ PALM BEACH, FL 33480	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 139 North County Road, Suite 20C
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCARPA, JOHN F 1676 SOUTH OCEAN BLVD PALM BEACH, FL 33480	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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 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: _____ F.M. Hess 09/13/07 561/227-6388
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #