

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004288

FILED
Mar 23, 2009
Secretary of State

Entity Name: ECONOMIC FORUM OF PALM BEACH COUNTY, INC.

Current Principal Place of Business:

4521 PGA BLVD, #282
PALM BCH GARDENS, FL 33418 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 14834
NORTH PALM BEACH, FL 33408 US

New Mailing Address:

FEI Number: 65-0434860

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COOK, REBEL
3 ADMIRALS CT.
PALM BEACH GARDENS, FL 33418 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: P () Delete
Name: COOK, REBEL
Address: 4521 PGA BLVD, #282
City-St-Zip: PALM BEACH GRDNS, FL 33418

Title: DT () Delete
Name: CARPENTER, PEGGY
Address: 450 SOUTH AUSTRALIAN AVENUE, 8TH FLOOR
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D () Delete
Name: THOMSON, BRUCE
Address: 1401 BETA COURT NORTH
City-St-Zip: LAKE CLARKE SHORES, FL 33406

Title: VP () Delete
Name: KLINE, JON
Address: 4521 PGA BLVD, #282
City-St-Zip: PALM BEACH GRDNS, FL 33418

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JON KLINE

VP

03/23/2009

Electronic Signature of Signing Officer or Director

Date