


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # N94000000802 1. Entity Name MARGARET A. GUISTETTI PALM BEACH CHAPTER DAR FOUNDATION, INC.	
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Principal Place of Business C/O DOANE & DOANE, P.A. 2000 PGA BLVD. STE. 4410 NORTH PALM BEACH, FL 33408	Mailing Address C/O DOANE & DOANE, P.A. 2000 PGA BLVD. STE. 4410 NORTH PALM BEACH, FL 33408
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02242005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-6158034	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DOANE, REBECCA G
C/O DOANE & DOANE
2000 PGA BLVD., STE. 4410
NORTH PALM BEACH, FL 33408

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2005**


9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOANE, REBECCA G 2000 PGA BLVD., STE. 4410 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRICE, AILENE W 311 COCOANUT ROW PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHEPHERD, NANCY A MRS. 1902 NOTRE DAME DRIVE LAKE WORTH, FL 334606349
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MORGAN, MARIAN MRS. 9 SLASH PINE VILLA, DELRAY DUNES BOYNTON BEACH, FL 33436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITCHELL, WILLIAM F MRS. 4766 S. LAKE DRIVE BOYNTON BEACH, FL 33436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VECELLIO, KATHRYN C MRS. 771 VILLAGE ROAD NORTH PALM BEACH, FL 33408

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03/07/05-80057-009 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **3/1/05** **561 656 0200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #