


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N9400000802

1. Entity Name
MARGARET A. GUISTETTI PALM BEACH CHAPTER DAR FOUNDATION, INC.



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



01062006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-6158034

Applied For
 Not Applicable

5. Certificate of Status Desired **\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

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

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IN THIS SPACE**

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01/25/06-80010-001 61.25

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: _____ DATE: 1-12-06 DAYTIME PHONE #: 561-6560200