


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 29, 2008 8:00 am**  
**Secretary of State**

01-29-2008 90016 030 \*\*\*\*61.25

**DOCUMENT # N94000000802**

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**

40024-



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01032008 Chg-NP CR2E037 (12/06)

City & State  
 Zip Country

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**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_  
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 May 1, 2008**

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**

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

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jean merchant	
STREET ADDRESS	7210 Westlake Drive	
CITY-ST-ZIP	West Palm Beach, FL 33406	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Betsy Smith	
STREET ADDRESS	709 Harbour Point Drive	
CITY-ST-ZIP	North Palm Beach, FL 33410-3416	
TITLE	VC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	210 Via Del Mar	
CITY-ST-ZIP	PALM BEACH, FL 33480	

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:** \_\_\_\_\_ **1-24-08** **561-656-0200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #