

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# N94000000802

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-6158034 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOANE, REBECCA G
C/O DOANE & DOANE
2000 PGA BLVD., STE. 4410
NORTH PALM BEACH, FL 33408 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: T () Delete
Name: DOANE, REBECCA G
Address: 2000 PGA BLVD., STE. 4410
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D () Delete
Name: PRICE, AILENE W
Address: 311 COCOANUT ROW
City-St-Zip: PALM BEACH, FL 33480

Title: C () Delete
Name: SHEPHERD, NANCY A MRS.
Address: 1902 NOTRE DAME DRIVE
City-St-Zip: LAKE WORTH, FL 334606349

Title: D () Delete
Name: MERCHANT, JEAN
Address: 7210 WESTLACK DRIVE
City-St-Zip: WEST PALM BEACH, FL 33406

Title: S () Delete
Name: SMITH, BETSY
Address: 709 HARBOUR POINT DRIVE
City-St-Zip: NORTH PALM BEACH, FL 334103416

Title: VC () Delete
Name: VECELLO, KATHY C MRS.
Address: 210 VIA DEL MAR
City-St-Zip: PALM BEACH, FL 33480

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: D (X) Change () Addition
Name: MERCHANT, JEAN
Address: POST OFFICE BOX 6115
City-St-Zip: WEST PALM BEACH, FL 33405

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

Title: VC (X) Change () Addition
Name: VECELLO, KATHRYN C MRS.
Address: 589 NORTH COUNTY ROAD
City-St-Zip: PALM BEACH, FL 33480

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: REBECCA G. DOANE

T

04/08/2009

Electronic Signature of Signing Officer or Director

_____ Date