

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 01, 2004
Secretary of State**

DOCUMENT# N98000001868

Entity Name: PALM BEACH COUNTY PARTNERSHIP FOR AGING, INC.

Current Principal Place of Business:

1764 N CONGRESS AVE
STE 201
WEST PALM BEACH, FL 33409

New Principal Place of Business:

Current Mailing Address:

1764 N CONGRESS AVE
STE 201
WEST PALM BEACH, FL 33409

New Mailing Address:

FEI Number: 59-3503761 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMBAST, ERIC
1764 N. CONGRESS AVENUE
SUITE 201
WEST PALM BEACH, FL 33409 US

Name and Address of New Registered Agent:

OWERS, KASHA
1764 N. CONGRESS AVENUE
SUITE 201
WEST PALM BEACH, FL 33409 US

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: KASHA OWERS 07/01/2004

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COMBAST, ERIC
Address: 1764 N. CONGRESS AVE STE 201
City-St-Zip: WEST PALM BEACH, FL 33409

Title: VPD () Delete
Name: HAPKE, PAMELA
Address: 7000 W ATLANTIC AVENUE
City-St-Zip: DELRAY BEACH, FL 33446

Title: T () Delete
Name: OWERS, KASHA
Address: 1764 N. CONGRESS AVENUE STE 201
City-St-Zip: WEST PALM BEACH, FL 33409

Title: SD () Delete
Name: FLORENCE, DAVID
Address: 3923 LAKE WORTH ROAD
City-St-Zip: LAKE WORTH, FL 33461

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FLORANCE, DAVID
Address: 1764 N. CONGRESS AVE STE 201
City-St-Zip: WEST PALM BEACH, FL 33409

Title: VPD (X) Change () Addition
Name: HAPKE, PAMELA
Address: 1764 N. CONGRESS AVENUE STE 201
City-St-Zip: DELRAY BEACH, FL 33409

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

Title: SD (X) Change () Addition
Name: STERN, JC
Address: 1764 N. CONGRESS AVENUE STE 201
City-St-Zip: WEST PALM BEACH, FL 33409

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KASHA OWERS T 07/01/2004

Electronic Signature of Signing Officer or Director Date