


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000001868
 1. Entity Name
PALM BEACH COUNTY PARTNERSHIP FOR AGING, INC.



Principal Place of Business 1764 N CONGRESS AVE STE 201 WEST PALM BEACH, FL 33409	Mailing Address 1764 N CONGRESS AVE STE 201 WEST PALM BEACH, FL 33409
---	---

DO NOT WRITE IN THIS SPACE



07192005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3503761	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

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

DO NOT WRITE 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: *Kasha Owers, Treasurer* **8.11.05**
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 September 7, 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	P FLORANCE, DAVID 1764 N. CONGRESS AVE STE 201 WEST PALM BEACH, FL 33409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HAPKE, PAMELA 1764 N. CONGRESS AVENUE STE 201 DELRAY BEACH, FL 33409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OWERS, KASHA 1764 N. CONGRESS AVENUE STE 201 WEST PALM BEACH, FL 33409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STERN, JC 1764 N. CONGRESS AVENUE STE 201 WEST PALM BEACH, FL 33409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000376357
 08/15/05-80002-007 61.25

DO NOT WRITE IN THIS SPACE

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: *Kasha Kitts Owers* **8.11.05 561-339-3668**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #