

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90014 015 ****61.25

DOCUMENT # 732156
1. Entity Name
ECONOMIC COUNCIL OF PALM BEACH COUNTY, INC.



Principal Place of Business Mailing Address
1555 PALM BEACH LAKES BLVD, #400 **1555 PALM BEACH LAKES BLVD, #400**
W PALM BCH FL 33401-2375 **W PALM BCH FL 33401-2375**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Zip Country Zip Country

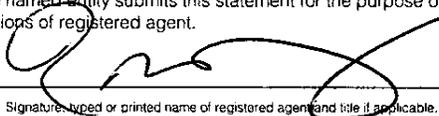
4. FEI Number Applied For
59-1575003 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent
JONES, R. MICHAEL
1555 PALM BEACH LAKES BLVD, #400
W PALM BCH FL 33401-2375

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  DATE **1-27-04**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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	VD	<input checked="" type="checkbox"/> Delete
NAME	LEBOW, PATRICIA	
STREET ADDRESS	1555 PALM BEACH LAKES BLVD #400	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CORBETT, JOHN	
STREET ADDRESS	1555 PALM BEACH LAKES BLVD #400	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	PETERSON, WILLIAM	
STREET ADDRESS	1555 PALM BEACH LAKES BLVD #400	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DAVIDSON, ROY H	
STREET ADDRESS	1555 PALM BEACH LAKES BLVD #400	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LINK, SARTORY WENDY	
STREET ADDRESS	1555 PALM BEACH LAKES BLVD STE 400	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JONES, ROBERT M	
STREET ADDRESS	1555 PALM BEACH LAKES BLVD, #400	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROD MACON, ROD	
STREET ADDRESS	1555 PALM BEACH LAKES BLVD	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401 #5400	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELLINGTON, SAM L.	
STREET ADDRESS	1555 PALM BEACH LAKES BLVD #400	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE		<input 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		

12. I hereby certify that the information supplied with this filing does not qualify 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 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date Daytime Phone #