

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2004 8:00 am
Secretary of State

07-23-2004 90003 020 ****61.25

DOCUMENT # 767130



1. Entity Name
PALM BEACH ROTARY FOUNDATION

Principal Place of Business
**2633 BORDEAUX COURT
NORTH PALM BEACH, FL 33408**

Mailing Address
**P.O. BOX 105
PALM BEACH, FL 33480**

54064581



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07152004 Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2551031

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PARKEY, KIM
2633 BORDEAUX COURT
NORTH PALM BEACH, FL 33408**

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 September 8, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☐ Delete
NAME **BAKER, LAUREL**
STREET ADDRESS **45 COCOANUT ROW**
CITY-ST-ZIP **PALM BEACH, FL 33480**

TITLE **TD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PPD** ☒ Delete
NAME **MANUEL, ANITA E**
STREET ADDRESS **44 COCOANUT ROW SUITE T-5**
CITY-ST-ZIP **PALM BEACH, FL 33480**

TITLE **VPD** ☐ Change ☒ Addition
NAME **JEAN DEYERMOND**
STREET ADDRESS **125 WORTH AVE.**
CITY-ST-ZIP **PALM BEACH, FL 33480**

TITLE **PD** ☐ Delete
NAME **EASTWOOD, TOM**
STREET ADDRESS **1137 CLARE AVENUE**
CITY-ST-ZIP **WEST PALM BEACH, FL**

TITLE **PPD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **HARPER, MARY**
STREET ADDRESS **180 ROYAL PALM WAY**
CITY-ST-ZIP **PALM BEACH, FL**

TITLE **D** ☐ Change ☒ Addition
NAME **GWENDOLYN BECK**
STREET ADDRESS **115 DESOTA ROAD**
CITY-ST-ZIP **WEST PALM BEACH, FL 33405**

TITLE **VPD** ☐ Delete
NAME **HAMBLIN, PAUL**
STREET ADDRESS **5200 EAST AVE**
CITY-ST-ZIP **WEST PALM BEACH, FL 33407**

TITLE **PD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **MARINO, ANTHONY**
STREET ADDRESS **5114 OKEECHOBEE BLVD. #210**
CITY-ST-ZIP **WEST PALM BEACH, FL 33417**

TITLE **SD** ☒ Change ☐ 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 #

VPD

Jean Deyermund 7-15-04

561-

655-5277