2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008702

Entity Name: PORT OF PALM BEACH SEAFARERS' CENTER, INC.

FILED Mar 07, 2016 **Secretary of State** CC5614591972

Current Principal Place of Business:

1EAST 11TH STREET SUITE 400

RIVIERA BEACH, FL 33404

Current Mailing Address:

1EAST 11TH STREET SUITE 400 RIVIERA BEACH, FL 33404 US

FEI Number: 20-5401475 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WADDELL, CLAYTON TREV 1 EAST 11TH STREET RIVIERA BEACH, FL 33404 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:

City-State-Zip:

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title DI	Title	Т
----------	-------	---

HOFFMAN, ARRON WADDELL, CLAYTON Name Name Address 1 EAST 11TH STREET SUITE 400 Address 13114 COASTAL CIRCLE

PALM BEACH GARDENS FL 33410 City-State-Zip: RIVIERA BEACH FL 33404 City-State-Zip:

Title **BOARD MEMBER** Title **SECRETARY** Name VAN HEMERT, JOHN Name GOODNER, PHYLLIS Address **1EAST 11TH STREET** Address **1EAST 11TH STREET** SUITE 400

SUITE 400

City-State-Zip: RIVIERA BEACH FL 33404 RIVIERA BEACH FL 33404

Title DIRECTOR Title **BOARD MEMBER** Name SMITH, RUSSELL LEARY, JAMES Name 1EAST 11TH STREET Address **1EAST 11TH STREET** Address SUITE 400 SUITE 400

City-State-Zip: RIVIERA BEACH FL 33404 RIVIERA BEACH FL 33404 City-State-Zip:

Title **BOARD MEMBER** Title **BOARD MEMBER** Name WINSECK, KATE Name DU GAN, LINDSAY **1EAST 11TH STREET**

1EAST 11TH STREET Address Address SUITE 400 SUITE 400

RIVIERA BEACH FL 33404 City-State-Zip: City-State-Zip: RIVIERA BEACH FL 33404

I hereby 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 all other like empowered.

SIGNATURE: CLAYTON WADDELL

Electronic Signature of Signing Officer/Director Detail

TREASURER

03/07/2016