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.

CFO

SIGNATURE: GRANT J. SKOLNICK

Electronic Signature of Signing Officer/Director Detail

# 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011059

Entity Name: PALM BEACH RECOVERY COALITION INC.

## **Current Principal Place of Business:**

311 N. FEDERAL HIGHWAY #1 LAKE WORTH, FL 33460

### **Current Mailing Address:**

311 N. FEDERAL HIGHWAY #1 LAKE WORTH, FL 33460

### FEI Number: 51-0608130

### Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

SKOLNICK, GRANT JESQ. 2728 SW 23RD CRANBROOK DRIVE BOYNTON BEACH, FL 33436 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:

Officer/Director Detail :			
Title	CFO	Title	CEO
Name	SKOLNICK, GRANT	Name	SKOLNICK, GAIL
Address	2728 SW 23RD CRANBROOK DRIVE	Address	311 N. FEDERAL HIGHWAY, #1
City-State-Zip:	BOYNTON BEACH FL 33436	City-State-Zip:	LAKE WORTH FL 33460

Certificate of Status Desired: No

FILED Jan 24, 2016 Secretary of State CC4159132441

Date