

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010716

Entity Name: PALM BEACH FLAGLER ROTARY FOUNDATION, INC.**Current Principal Place of Business:**C/O PBAFS
235 S COUNTY RD STE 201
PALM BEACH, FL 33480**Current Mailing Address:**PO BOX 415
PALM BEACH, FL 33480**FEI Number:** 77-0706866**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PBAFS
C/O PBAFS
235 S COUNTY RD STE 201
PALM BEACH, FL 33480 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:** SILVIA EVANS**04/07/2023**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name EVANS, SILVIA LEE
Address C/O PBAFS
 235 S COUNTY RD STE 201
City-State-Zip: PALM BEACH FL 33480

Title DIRECTOR
Name BROWN, COREY
Address PO BOX 415
City-State-Zip: PALM BEACH FL 33480

Title PRESIDENT
Name BRUCE , TAYLOR
Address PO BOX 415
City-State-Zip: PALM BEACH FL 33480

Title DIRECTOR
Name SUZANNE, TURNER
Address PO BOX 415
City-State-Zip: PALM BEACH FL 33480

Title SECRETARY
Name LAYTON, CHADWICK
Address PO BOX 415
City-State-Zip: PALM BEACH FL 33480

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: SILVIA L CHESTNUT EVANS**TREASURER****04/07/2023**

Electronic Signature of Signing Officer/Director Detail

Date