## 2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000008702

Entity Name: PALM BEACH COUNTY CHAPTER OF THE CHARMETTES, INC.

FILED Feb 07, 2020 Secretary of State 2337327994CC

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

325 EXECUTIVE CENTER DRIVE

APT. A-115

WEST PALM BEACH, FL 33401

## **Current Mailing Address:**

P.O. BOX 495

WEST PALM BEACH, FL 33402 UN

FEI Number: 32-0478775 Certificate of Status Desired: Yes

## Name and Address of Current Registered Agent:

DAVIS-JONES, AUDREY L 325 EXECUTIVE CENTER DRIVE APT. A-115 WEST PALM BEACH, FL 33401 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:

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PRES Title VF

Name DAVIS JONES, AUDREY L Name HOWARD, KETURAH I

Address 325 EXECUTIVE CENTER DRIVE Address 449 S.W. VOLTAIR TERRACE

City-State-Zip: WEST PALM BEACH FL 33401 City-State-Zip: PORT ST. LUCIE FL 34984-3535

Title RSEC Title TRE

Name POOLE, BEVERLEY K Name HORTON, LEOLA E
Address 701 W. 36TH STREET Address 4991 PALMBROOK CIR.

City-State-Zip: RIVIERA BEACH FL 33404 City-State-Zip: WEST PALM BEACH FL 33417

Title FSEC

Name SPENCE , ANTONIA L Address 1306 W. 26TH STREET

City-State-Zip: RIVIERA BREACH 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: AUDREY L DAVIS JONES

**PRESIDENT** 

02/07/2020