

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000006727

**Entity Name:** PBCHRC CHARITABLE FOUNDATION, INC.

**FILED**  
**Jan 22, 2023**  
**Secretary of State**  
**1044341130CC**

**Current Principal Place of Business:**

224 DATURA STREET  
SUITE 913  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

PO BOX 267  
WEST PALM BEACH, FL 33402 US

**FEI Number: 84-2167395**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

FRANKS, RAE ESQ.  
224 DATURA STREET  
SUITE 913  
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: RAE FRANKS**

**01/22/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P/D  
Name HOCH, RAND  
Address 400 N. FLAGLER DRIVE, #1402  
City-State-Zip: WEST PALM BEACH FL 33401

Title VP/D  
Name OCKMAN TACHE, MEREDITH  
Address 224 DATURA STREET  
SUITE 913  
City-State-Zip: WEST PALM BEACH FL 33401

Title T/D  
Name CONKLIN, SEAN  
Address 224 DATURA STREET  
SUITE 913  
City-State-Zip: WEST PALM BEACH FL 33401

Title T/D  
Name TORCIVIA, GEMMA  
Address 224 DATURA STREET  
SUITE 913  
City-State-Zip: WEST PALM BEACH FL 33401

Title S/D  
Name FRANKS, RAE  
Address 224 DATURA STREET  
SUITE 913  
City-State-Zip: WEST PALM BEACH FL 33401

Title S/D  
Name WILLIAMS, RHONDA  
Address 224 DATURA STREET  
SUITE 913  
City-State-Zip: WEST PALM BEACH FL 33401

Title D  
Name STEELE, W TRENT  
Address 224 DATURA STREET  
SUITE 913  
City-State-Zip: WEST PALM BEACH FL 33401

Title D  
Name GRAHAM, CHAUNCEY  
Address 224 DATURA STREET  
SUITE 913  
City-State-Zip: WEST PALM BEACH FL 33401

*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: RAE FRANKS**

**S/D**

**01/22/2023**

Electronic Signature of Signing Officer/Director Detail

Date