

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700095

FILED
Jan 16, 2006
Secretary of State

Entity Name: WEST PALM BEACH ROTARY CLUB CHARITY FUND, INC.

Current Principal Place of Business:

C/O ASSOCIATION MANAGEMENT, INC
P.O. BOX 6353
WEST PALM BEACH, FL 33405 US

New Principal Place of Business:

Current Mailing Address:

C/O ASSOCIATION MANAGEMENT, INC.
P.O. BOX 6353
WEST PALM BEACH, FL 33405 US

New Mailing Address:

FEI Number: 59-1002972

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ASSOCIATION MANAGEMENT, INC.
P.O. 6353
WEST PALM BEACH, FL 33405 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KISSEL, GREGORY M
Address: P.O. BOX 6353
City-St-Zip: WEST PALM BEACH, FL 33405

Title: SD () Delete
Name: KNIGHT, JEFFREY B
Address: P.O. BOX 6353
City-St-Zip: WEST PALM BEACH, FL 33405

Title: TD () Delete
Name: VINCENT, PAUL F
Address: P.O. BOX 6353
City-St-Zip: WEST PALM BEACH, FL 33405

Title: D () Delete
Name: BONE, BILL
Address: P.O. BOX 6353
City-St-Zip: WEST PALM BEACH, FL 33405

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PPD (X) Change () Addition
Name: KISSEL, GREGORY M
Address: P.O. BOX 6353
City-St-Zip: WEST PALM BEACH, FL 33405

Title: TD (X) Change () Addition
Name: KNIGHT, JEFFREY B
Address: P.O. BOX 6353
City-St-Zip: WEST PALM BEACH, FL 33405

Title: PED (X) Change () Addition
Name: VINCENT, PAUL F
Address: P.O. BOX 6353
City-St-Zip: WEST PALM BEACH, FL 33405

Title: PD (X) Change () Addition
Name: BONE, BILL
Address: P.O. BOX 6353
City-St-Zip: WEST PALM BEACH, FL 33405

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BILL BONE

PD

01/16/2006

Electronic Signature of Signing Officer or Director

Date