2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2004 8:00 am
Secretary of State
02-10-2004 90005 012 ****61.25

DOCUMENT# 707021

1. EntityName
PALMBEACHREPUBLICANCLUBINC

PrincipalPlaceofBusiness	MailingAddress
204 BRAZILIAN AVE., #210 PALM BEACH, FL 33480 US	PO BOX 2622 PALM BEACH, FL 33480 US

DO NOT WRITE IN THIS SPACE

01202004 NoChg-NP CR2E037 (10/03)

4. FEINumber
59-0907440
☐ AppliedFor
☐ NotApplicable

5. CertificateofStatusDesired ☐ **$8.75** Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent

ROSS,VINCENTCJR.
204BRAZILIANAVE.,#210
PALMBEACH,FL33480

DO NOT WRITE IN THIS SPACE

8. Theabovenameedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,intheStateofFlorida.Iamfamiliarwith,andaccept theobligationsofregisteredagent.

SIGNATURE _____ DATE
Signature,typedorprintednameofregisteredagentandtitleifapplicable. (NOTE:RegisteredAgentsignaturerequiredwhenre instating)

Filing Fee is $61.25
Due by May 1, 2004

9. ElectionCampaignFinancing TrustFundContribution. ☐ **$5.00** MayBe AddedtoFees

10. OFFICERSANDDIRECTORS

TITLE	VD
NAME	DEMPSEY,GEORGE
STREETADDRESS	50COCONUTROW
CITY-ST-ZIP	PALMBEACH,FL
TITLE	SD
NAME	HIGGINS,SALLYR
STREETADDRESS	2600NFLAGLERDR
CITY-ST-ZIP	WESTPALMBEACH,FL33407
TITLE	~~TD~~ D
NAME	ROSS,VINCENT
STREETADDRESS	204BRAZILIANAVE.,#210
CITY-ST-ZIP	PALMBEACH,FL33480
TITLE	PD
NAME	GAINES,GAYH
STREETADDRESS	250BRADLEYPL,#401
CITY-ST-ZIP	PALMBEACH,FL33480
TITLE	VD
NAME	GULDEN,DOROTHY
STREETADDRESS	220SUNRISEAVE.,#100
CITY-ST-ZIP	PALMBEACH,FL33480
TITLE	TD
NAME	CALER, WILLIAM K
STREETADDRESS	505 S FLAGLER DRIVE #900
CITY-ST-ZIP	WEST PALM BEACH, FL 33401

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12. Ihereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William K Caler 2-4-04 561 832 9292
SIGNATUREANDTYPEDORPRINTEDNAMEOFSIGNINGOFFICERORDIRECTOR Date DaytimePhone#