## 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**DOCUMENT# 707021** 

Jan 09, 2006 Secretary of State

Entity Name: PALM BEACH REPUBLICAN CLUB INC

**Current Principal Place of Business: New Principal Place of Business:** 204 BRAZILIAN AVE., #210 PALM BEACH, FL 33480 US **Current Mailing Address: New Mailing Address:** PO BOX 2622 PALM BEACH, FL 33480 US FEI Number: 59-0907440 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROSS, VINCENT C JR. 204 BRAZILIAN AVE., #210 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: VINCENT C. ROSS JR. Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition DEMPSEY, GEORGE Name: Name: 50 COCONUT ROW Address: Address: City-St-Zip: PALM BEACH, FL City-St-Zip: Title: SD Title: ( ) Delete () Change () Addition Name: HIGGINS, SALLY R Name: Address: 2600 N FLAGLER DR Address: City-St-Zip: WEST PALM BEACH, FL 33407 City-St-Zip: Title: () Delete Title: () Change () Addition ROSS, VINCENT Name: Name: 204 BRAZILIAN AVE., #210 Address: Address: City-St-Zip: PALM BEACH, FL 33480 City-St-Zip: Title: PD ( ) Delete Title: () Change () Addition Name: GAINES, GAY H Name: Address: 250 BRADLEY PL, #401 Address: City-St-Zip: PALM BEACH, FL 33480 City-St-Zip: Title: () Delete Title: () Change () Addition GULDEN, DOROTHY Name: Name: 220 SUNRISE AVE., #100 Address: Address: City-St-Zip: PALM BEACH, FL 33480 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition CALER, WILLIAM K PENCE, THOMAS A JR Name: Name: Address: 505 S. FLAGLER DRIVE #900 Address: 505 S. FLAGLER DRIVE #900 WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33401 City-St-Zip: City-St-Zip:

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: THOMAS A. PENCE, JR. **TREA** 01/09/2006

FILED