

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709692

FILED
Feb 05, 2004
Secretary of State**Entity Name:** PALM BEACH COUNTY CHAPTER OF THE SOCIETY FOR THE PRESERVATION AND ENCOURAGEMENT OF BARBER SHOP QUARTET SINGING IN AMERICA, INC.**Current Principal Place of Business:**2419 NW 30TH ROAD
BOCA RATON, FL 33431 US**New Principal Place of Business:****Current Mailing Address:**2419 NW 30TH ROAD
BOCA RATON, FL 33431 US**New Mailing Address:****FEI Number:** 59-6152340 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**FERGUSON, DANNY L.
2419 NW 30TH ROAD
BOCA RATON, FL 33431 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:** DV () Delete
Name: ZORKOW, LEO
Address: 131 HAMMOCKS CT
City-St-Zip: WEST PALM BEACH, FL 334132038**Title:** DP () Delete
Name: GREIM, GEORGE
Address: 404 TROTTERS LANE
City-St-Zip: WEST PALM BEACH, FL 33413**Title:** DT () Delete
Name: WATSON, JAMES
Address: 129 HAMMOCKS COURT
City-St-Zip: WEST PALM BEACH, FL 33413**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** DS (X) Change () Addition
Name: ZORKOW, LEO
Address: 131 HAMMOCKS CT
City-St-Zip: WEST PALM BEACH, FL 334132038**Title:** DP (X) Change () Addition
Name: DELORENZO, LAWRENCE
Address: 2392 SW 8TH AVENUE
City-St-Zip: BOYNTON BEACH, FL 33426**Title:** DT (X) Change () Addition
Name: WILD, RAYMOND
Address: 121 HAMMOCKS COURT
City-St-Zip: WEST PALM BEACH, FL 334132038**Title:** D () Change (X) Addition
Name: FERGUSON, DANNY L
Address: 2419 NW 30TH ROAD
City-St-Zip: BOCA RATON, FL 334316214

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DANNY L. FERGUSON

D

02/05/2004

Electronic Signature of Signing Officer or Director

Date