

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710843

FILED
Apr 29, 2008
Secretary of State

Entity Name: TOWN OF PALM BEACH UNITED WAY, INC.

Current Principal Place of Business:

44 COCOANUT ROW
SUITE M201
PALM BEACH, FL 33480

New Principal Place of Business:

Current Mailing Address:

44 COCOANUT ROW
M201
PALM BEACH, FL 33480

New Mailing Address:

FEI Number: 59-0637885 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WHITACRE, PHILIP A
44 COCOANUT ROW, #M201
PALM BEACH, FL 33480 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: C () Delete
Name: ECCLESTONE, DIANA
Address: 190 SOUTH OCEAN BOULEVARD
City-St-Zip: PALM BEACH, FL 33480

Title: VC () Delete
Name: MOORE, RALPH V
Address: C/O NORTHERN TR 11301 US HWY 1
City-St-Zip: PALM BEACH GARDENS, FL 33408

Title: T () Delete
Name: BRACCI, MICHAEL J
Address: C/O NORTHERN TR 11301 US HWY 1
City-St-Zip: PALM BEACH GARDENS, FL 33408

Title: S () Delete
Name: MEYER, SYDELLE
Address: 1040 NORTH LAKE WAY
City-St-Zip: PALM BEACH, FL 33480

Title: VC () Delete
Name: HICKOX, DANIELLE A
Address: 277 PENDLETON AVENUE
City-St-Zip: PALM BEACH, FL 33480

Title: VC () Delete
Name: SCARPA, JOHN
Address: 1676 SOUTH OCEAN BOULEVARD
City-St-Zip: PALM BEACH, FL 33480

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: HICKOX MOORE, DANIELLE
Address: 277 PENDLETON AVENUE
City-St-Zip: PALM BEACH, FL 33480

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VC (X) Change () Addition
Name: CURTIS, CHRISTINE
Address: 720 SOUTH OCEAN BOULEVARD
City-St-Zip: PALM BEACH, FL 33480

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: PHILIP A. WHITACRE

P

04/29/2008

Electronic Signature of Signing Officer or Director

Date