

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 23, 2007 8:00 am
Secretary of State

04-26-2007 90206 019 ****61.25

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1st MOORE CR2E037 (10/06)

DOCUMENT # 720583 1. Entity Name THE SINGLES' DANCE CLUB OF THE PALM BEACHES, INC.					
Principal Place of Business P. O. BOX 15993 W PALM BEACH FL 33406-5238		Mailing Address P. O. BOX 15993 W PALM BEACH FL 33406-5238			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2392257	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PEASE, LORRAINE R 341 GREENBRIER DR LAKE WORTH FL 33461-1824				7. Name and Address of Agent Name James Strupczewski Street Ad 95 Waltham D City Century Village West Palm Beach, FL, 33417	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Lorraine R. Pease</i></u> <u><i>LORRAINE R. PEASE</i></u> <u><i>4/17/07</i></u> Signature, typed or printed name of registered agent (not title) and date (NOTE: Registered Agent signature required when registering)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GROVE, MYRA 2771 DUDLEY DR VILLA H WEST PALM BEACH FL 33415	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HICKS, MARY 4687 EMPIRE WAY, WEST PALM BEACH FL 33463	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SLATTERY, DOROTHY 698 ARLINGTON DR WEST PALM BEACH FL 33415	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PEASE, LORRAINE R. 341 GREENBRIER DRIVE LAKE WORTH, FL 33461-1824	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MULLER, JANE 1027 GREEN PING BLVD WEST PALM BEACH FL 33409	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP- IRENE ZUBICKI 8549 BEACON HILL RD. PALM BEACH GARDENS, FL 33410	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD PEASE, LORRAINE R 341 GREENBRIER DR LAKE WORTH FL 33461-1824	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD JAMES STRUPCZEWSKI P. O. BOX 2222005 WEST PALM BEACH, FL 33422	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HICKS, MARY 4687 EMPIRE WAY GREENACRES CITY FL 33436	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP KANE, ANNE 112 LAKE PINE CR. #D-1 GREENACRES CITY, FL 33463	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: <u><i>James Strupczewski</i></u> <u><i>JAMES STRUPCZEWSKI</i></u> <u><i>4/17/07</i></u> <u><i>561-616-7193</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					