

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 02, 2009
Secretary of State**

DOCUMENT# 722248

Entity Name: CERAMIC LEAGUE OF THE PALM BEACHES, INC.

Current Principal Place of Business:

CRAFT GALLERY
5911 SOUTH DIXIE
WEST PALM BEACH, FL 33405 US

New Principal Place of Business:

Current Mailing Address:

6720 ESCONDIDA DR
WEST PALM BEACH, FL 33406

New Mailing Address:

FEI Number: 23-7200978 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOBAY, BARBARA
6720 ESCONDIDA DR
WEST PALM BEACH, FL 33406 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: TD () Delete
Name: DOBAY, BARBARA
Address: 6720 ESCONDIDA DR
City-St-Zip: WEST PALM BEACH, FL 33406

Title: VPD () Delete
Name: DEBBIE, BURGER
Address: 210 COCONUT KEY DR.
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: PD () Delete
Name: WILSON, BETTY
Address: 5911 S. DIXIE HWY
City-St-Zip: WEST PALM BEACH, FL 33405

Title: SD () Delete
Name: RENICK, SUE
Address: 1402 KELLER RD.
City-St-Zip: WEST PALM BEACH, FL 33406

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: () 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: BARBARA A. DOBAY

TD

03/02/2009

Electronic Signature of Signing Officer or Director

_____ Date