2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2009
Secretary of State

DOCUMENT# 726299

Entity Name: THE URBAN LEAGUE OF PALM BEACH COUNTY, INC.

Current Principal Place of Business:

1700 N. AUSTRALIAN AVE.
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

1700 N. AUSTRALIAN AVE.
WEST PALM BEACH, FL 33407

New Mailing Address:

FEI Number: 59-1533710 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ROBIN, NANCY
9600 ALT. A1A
PALM BEACH GARDEN, FL 33410 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:	DT	( ) Delete
Name:	ASHBY, ANDREW	
Address:	450 S. AUSTRALIAN AVE, 7TH FLOOR	
City-St-Zip:	WEST PALM BEACH, FL 33401 US	
Title:	DS	( ) Delete
Name:	LAWLOR, BRIAN	
Address:	1100 BANYAN BLVD.	
City-St-Zip:	WEST PALM BEACH, FL 33401 US	
Title:	DC	( ) Delete
Name:	ROBIN, NANCY	
Address:	9600 ALT. A1A	
City-St-Zip:	PALM BEACH GARDEN, FL 33410 US	
Title:	DVC	( ) Delete
Name:	ESCOTO, ROBERT	
Address:	700 UNIVERSE BLVD.	
City-St-Zip:	JUNO BEACH, FL 33408 US	

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: EMANUEL RIDGEWAY CFO 01/13/2009

Electronic Signature of Signing Officer or Director — Date