

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733813

FILED
Apr 22, 2009
Secretary of State

Entity Name: PALM BEACH HISTORICAL ARMS COLLECTOR'S ASSOCIATION, INC.

Current Principal Place of Business:

826 N ATLANTIC DR
LANTANA, FL 33462 US

New Principal Place of Business:

Current Mailing Address:

826 N ATLANTIC DR
LANTANA, FL 33462 US

New Mailing Address:

FEI Number: 59-2181304 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAIT, MICHAEL
826 N ATLANTIC DR
LANTANA, FL 33462 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: S () Delete
Name: HUNT, IAN
Address: 4570 BRADY BLVD
City-St-Zip: DELRAY BEACH, FL 33445 US

Title: D () Delete
Name: STEGALL, NEIL
Address: 3127 WASHINGTON ROAD
City-St-Zip: WEST PALM BEACH, FL 33405 US

Title: T () Delete
Name: TAIT, MICHAEL
Address: 826 N ATLANTIC DR
City-St-Zip: LANTANA, FL 33462 US

Title: D () Delete
Name: LEHMAN, ALFRED
Address: 1304 PINE ST
City-St-Zip: MELBOURNE, FL 32951 US

Title: VP () Delete
Name: RICHTER, CHARLES
Address: 909 ARNOLD AVE
City-St-Zip: LANTANA, FL 33462 US

Title: P () Delete
Name: BEACH, GEORGE
Address: 5327 BLUEBERRY HILL AVE
City-St-Zip: LAKE WORTH, FL 33458 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:

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

Title: P (X) Change () Addition
Name: RODRIGUEZ, ARMONDO
Address: 5781 LAKE WORTH RD.
City-St-Zip: GREENACRES, FL 33463 US

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: NEIL A. STEGALL

D

04/22/2009

Electronic Signature of Signing Officer or Director

Date