

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-23-2007 90008 048 ****61.25

DOCUMENT # 735813

1. Entity Name
PALM BEACH COUNTY PLANNING CONGRESS, INC.



Principal Place of Business
**P.O. BOX 1371
WEST PALM BEACH, FL 33402**

Mailing Address
**P.O. BOX 1371
WEST PALM BEACH, FL 33402**

40039877



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03162007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FLINCHUM, DAVID
6306 VIA TOWNSEND
WEST PALM BEACH, FL 33415**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing 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

TITLE **D** ☐ Delete
NAME **TUMA, WENDY**
STREET ADDRESS **477 S ROSEMARY AVE STE 225**
CITY-ST-ZIP **WEST PALM BEACH, FL 33456**

TITLE **D** ☐ Delete
NAME **LEE, SHANNON**
STREET ADDRESS **580 VILLAGE BLVD, STE 120**
CITY-ST-ZIP **WEST PALM BEACH, FL 33409**

TITLE **D** ☒ Delete
NAME **QUIGLEY, JILL**
STREET ADDRESS **6363 NW 6 WAY**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33309**

TITLE **PD** ☐ Delete
NAME **COUGHANOUR, SUSAN**
STREET ADDRESS **PO BOX 24680 - GUN CLUB RD**
CITY-ST-ZIP **WEST PALM BEACH, FL**

TITLE **VPD** ☐ Delete
NAME **FLINCHUM, DAVID**
STREET ADDRESS **6306 VIA TOWNSEND**
CITY-ST-ZIP **WEST PALM BEACH, FL 33415**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME **Susan Taylor**
STREET ADDRESS **2401 PGA Blvd, Ste 110**
CITY-ST-ZIP **Palm Beach Gardens, FL 33410**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/07

Date

561-242-4814

Daytime Phone #