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2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State
01-19-2006 90065 005 ****61.25

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DOCUMENT # 740389

1. Entity Name
ST. JAMES RESIDENCE OF THE PALM BEACHES, INC.

Principal Place of Business	Mailing Address
400 S. OLIVE AVE. WEST PALM BEACH, FL 33401	400 S. OLIVE AVE. WEST PALM BEACH, FL 33401

01052006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1847497 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FLANIGAN, JOHN 625 NORTH FLAGLER DRIVE WEST PALM BEACH, FL 33401	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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	T MANGRUM, JOHN REV 6065 S. VERDE TRAIL G313 BOCA RATON, FL 33433 member ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	The Rev. Keneth Ornell 211 Trinity Place West Palm Beach, FL 33401 member ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HAMILTON, THE REV. WME 100 N PALM WAY LAKE WORTH, FL 33460 President ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Mr. Peter Wronsky 749 U.S. Highway 1 North Palm Beach, FL 33408 Treasurer ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M OLIN, BARBARA 2614 EMERY LANE LAKE WORTH, FL 33460 Vice President ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	The Rev. Denise Hudspeth 1255 Taylor Road West Palm Beach, FL 33406 member ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M DEHON, PAT 3800 WASHINGTON RD #706 WEST PALM BEACH, FL 33405 member ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Mr. Jacob Paulsen 7975 Pine Tree Lane West Palm Beach, FL 33406 member ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MUMBY, FRANK 8123 A NORTBORO COURT WEST PALM BEACH, FL 33433 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Mr. Gene Smalling 2960 Cynthia Lane #201 West Palm Beach, FL 33461 member ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	The Rev. Walter F. Hendricks III All Saints Episcopal Church 2303 N.E. Seaview Drive Jensen Beach, FL 34957-5533 Add member ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	John Meade 2964 San Remo Way Delray Beach, FL 33445 Secretary ☐ Change ☑ Addition

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: Pamela E. Blaine 1/6/06 561-833-5269
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #