2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 743860

1. Entity Name
401 WORTH AVENUE BUILDING, INC.

Principal Place of Business	Mailing Address
401 WORTH AVE.	PO BOX 368
PALM BEACH, FL 33480	PALM BEACH, FL 33480

DO NOT WRITE IN THIS SPACE

01122008 No Chg-NP   CR2E037 (4/06)

4. FEI Number	Applied For
59-1896690	Not Applicable

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

6. Name and Address of Current Registered Agent

ROBINSON, CARALYN P
401 WORTH AVENUE
PALM BEACH, FL 33480

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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, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS

TITLE	PD
NAME	JOHNSTON, ERNEST
STREET ADDRESS	401 WORTH AVE
CITY-ST-ZIP	PALM BEACH, FL 33480

TITLE	VPD
NAME	WARREN, DONALD
STREET ADDRESS	401 WORTH AVE
CITY-ST-ZIP	PALM BEACH, FL 33480

TITLE	ST
NAME	SCOTT, DONALD
STREET ADDRESS	401 WORTH AVE
CITY-ST-ZIP	PALM BEACH, FL 33480

TITLE	D
NAME	PELLAR, DONALD DR
STREET ADDRESS	401 WORTH AVE
CITY-ST-ZIP	PALM BEACH, FL 33480

TITLE	AS
NAME	ROBINSON, CARALYN P
STREET ADDRESS	401 WORTH AVENUE
CITY-ST-ZIP	PALM BEACH, FL 33480

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/20/08-80082-004 61.25

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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: _Caralyn P. Robinson_   1.11.08   561-655-8013

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #