

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743860

FILED
Feb 09, 2009
Secretary of State

Entity Name: 401 WORTH AVENUE BUILDING, INC.

Current Principal Place of Business:

401 WORTH AVE.
PALM BEACH, FL 33480

New Principal Place of Business:

Current Mailing Address:

PO BOX 368
PALM BEACH, FL 33480

New Mailing Address:

FEI Number: 59-1896690 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBINSON, CARALYN P
401 WORTH AVENUE
PALM BEACH, FL 33480 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: PD () Delete
Name: JOHNSTON, ERNEST
Address: 401 WORTH AVE
City-St-Zip: PALM BEACH, FL 33480

Title: VPD () Delete
Name: WARREN, DONALD
Address: 401 WORTH AVE
City-St-Zip: PALM BEACH, FL 33480

Title: ST () Delete
Name: SCOTT, DONALD
Address: 401 WORTH AVE
City-St-Zip: PALM BEACH, FL 33480

Title: D () Delete
Name: PELLAR, DONALD DR
Address: 401 WORTH AVE
City-St-Zip: PALM BEACH, FL 33480

Title: AS () Delete
Name: ROBINSON, CARALYN P
Address: 401 WORTH AVENUE
City-St-Zip: PALM BEACH, FL 33480

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:

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: CARALYN P. ROBINSON

AS

02/09/2009

Electronic Signature of Signing Officer or Director

_____ Date