

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745464

FILED
Mar 15, 2005
Secretary of State

Entity Name: PALM BEACH WHOLESALE GROWERS ASSOCIATION, INC.

Current Principal Place of Business:

13121 N. MILITARY TRAIL
DELRAY BEACH, FL 33484 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 740137
BOYNTON BEACH, FL 33474 US

New Mailing Address:

FEI Number: 59-1886632 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

FROEHLICH, JOHN F CPA
12773 W FOREST HILL BLVD
STE 1201
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

FROEHLICH, JOHN F CPA
12008 SOUTH SHORE BLVD.
STE 211
WELLINGTON, FL 33414 US

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: _____

03/15/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: 1VP () Delete
Name: CELIBERTI, JOE
Address: 3604
City-St-Zip: LOXAHATCHEE, FL 33470

Title: P () Delete
Name: CIALONE, JOSEPH SR.
Address: 5075 95TH AVE S
City-St-Zip: LAKE WORTH, FL 33461

Title: VP () Delete
Name: MULVEHILL, JOSEPH
Address: 9821 HAPPY HOLLOW RD
City-St-Zip: DELRAY BEACH, FL 33446

Title: SD () Delete
Name: BOYD, WILLIAM
Address: 1535
City-St-Zip: LOXAHATCHEE, FL 33470

Title: T () Delete
Name: CIALONE, JOE
Address: 5075 95TH AVE S
City-St-Zip: LAKE WORTH, FL 33461

Title: VD (X) Delete
Name: FRIEDRICH, MARK
Address: 12839 25TH ST N
City-St-Zip: LOXAHATCHEE, FL

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: SD (X) Change () Addition
Name: FAIRBANK, RICK
Address: 11875 ACME DAIRY ROAD
City-St-Zip: BOYNTON BEACH, FL 33437

Title: T (X) Change () Addition
Name: CIALONE, JOE JR
Address: 5075 95TH AVE S
City-St-Zip: LAKE WORTH, FL 33461

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOE CIALONE

T

03/15/2005

Electronic Signature of Signing Officer or Director

Date