

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 02, 2004 8:00 am**  
**Secretary of State**

07-02-2004 90003 025 \*\*\*\*61.25

**DOCUMENT # 752158**

1. Entity Name  
125 SOUTH PALMWAY, INC.



Principal Place of Business  
125 SOUTH PALMWAY  
LAKE WORTH, FL 33460

Mailing Address  
315 NORTH LAKESIDE DRIVE  
LAKE WORTH, FL 33460

34033676



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03122004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
59-2160333

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

SWOGGER, ELSIE M  
125 SOUTH PALMWAY  
LAKE WORTH, FL 33460

7. Name and Address of New Registered Agent

Name **Timothy EDWARDS**

Street Address (P.O. Box Number is Not Acceptable)  
**629 INTRA RD**

City **North Palm Bch** FL Zip Code **33408**

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

*Timothy Edwards*

*T. Edwards*

*6/30/04*

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, 2004**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVS  
ANDREWS, CHARLES  
125 SOUTH PALMWAY, APT 2  
LAKE WORTH, FL 33460 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
FLAHERTY, RUTH R.  
125 SOUTH PALMWAY, APT. 1  
LAKE WORTH, FL 33460 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DT  
SWOGGER, ELSIE  
125 SOUTH PALMWAY, APT. 3  
LAKE WORTH, FL 33460 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRESIDENT**  
**Brian Gleason #3**  
**315 N. LAKESIDE DR.**  
**LAKE WORTH FL 33460** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TREASURER**  
**Tim Edwards #3**  
**629 INTRA RD**  
**NPB FL 33408** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SECRETARY**  
**REBEKAH SWAY #1**  
**125 S. PALMWAY**  
**LAKE WORTH FL 33460** ☒ Change ☐ Addition

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*6/30/04* *561-818-7564*