


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90051 014 \*\*\*\*61.25

<b>DOCUMENT # 757340</b> 1. Entity Name <b>PALM BEACH COUNTY PUBLIC BUILDING CORPORATION, INC.</b>					
Principal Place of Business <b>301 N OLIVE AVE W PALM BCH, FL 33401</b>			Mailing Address <b>P.O. BOX 4036 ATTN: JOHN DAME WEST PALM BEACH, FL 33402</b>		
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 <b>59-6000785</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DYTRYCH, DENISE D 301 N. OLIVE AVE, STE 601 WEST PALM BEACH, FL 33401</b>			7. Name and Address of New Registered Agent Name <b>Denise M. Nieman</b> Street Address (P.O. Box Number is Not Acceptable) <b>301 No. Olive Ave., Ste. 601</b> City <b>West Palm Beach</b> <b>FL</b> Zip Code <b>33401</b>		
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 <i>Denise M. Nieman</i> <small>Signature must be printed name of registered agent and title if applicable.</small>			March 15, 2004 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SELLARI, GARY B 301 N. OLIVE AVENUE, SUITE 601 WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUDSPETH, GEORGE 301 N. OLIVE AVENUE, STE. 601 W. PALM BEACH, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SIMMS, SUSIE 301 N. OLIVE AVENUE, SUITE 601 WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETERSEN, WANDA G 301 N. OLIVE AVENUE W. PALM BEACH, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WEEKES, LEON 301 N. OLIVE AVENUE, SUITE 601 WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <i>Gary Sellari</i> <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
			Date <b>3/17/04</b> Daytime Phone # <b>(561) 686-1110</b>		