2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 08:00 AM
Secretary of State

DOCUMENT # 757340

1. Entity Name
PALM BEACH COUNTY PUBLIC BUILDING CORPORATION, INC.

Principal Place of Business	Mailing Address
301 N OLIVE AVE W PALM BCH, FL 33401	P.O. BOX 1989 ATTN: DENISE M NIEMAN WEST PALM BEACH, FL 33402

DO NOT WRITE IN THIS SPACE

01042007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-6000785
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NIEMAN, DENISE M
301 N. OLIVE AVE, STE 601
WEST PALM BEACH, FL 33401

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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: Denise M. Nieman Denise M. Nieman, Co. Attorney 1/12/2007
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, 2007

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

U00000694824
04/17/07-80032-022 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SELLARI, GARY B
STREET ADDRESS	301 N. OLIVE AVENUE, SUITE 601
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	D
NAME	HUDSPETH, GEORGE
STREET ADDRESS	301 N. OLIVE AVENUE, STE. 601
CITY-ST-ZIP	W. PALM BEACH, FL
TITLE	ST
NAME	SIMMS, SUSIE
STREET ADDRESS	301 N. OLIVE AVENUE, SUITE 601
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	D
NAME	PETERSEN, WANDA G
STREET ADDRESS	301 N. OLIVE AVENUE
CITY-ST-ZIP	W. PALM BEACH, FL
TITLE	VPD
NAME	WEEKES, LEON
STREET ADDRESS	301 N. OLIVE AVENUE, SUITE 601
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Gary Sellari GARY SELLARI 3/21/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #