

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757340

FILED
Feb 12, 2009
Secretary of State

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

Current Principal Place of Business:

301 N OLIVE AVE
W PALM BCH, FL 33401

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1989
ATTN: DENISE M NIEMAN
WEST PALM BEACH, FL 33402

New Mailing Address:

FEI Number: 59-6000785 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

NIEMAN, DENISE M
301 N. OLIVE AVE, STE 601
WEST PALM BEACH, FL 33401 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: SELLARI, GARY B
Address: 301 N. OLIVE AVENUE, SUITE 601
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D () Delete
Name: HUDSPETH, GEORGE
Address: 301 N. OLIVE AVENUE, STE. 601
City-St-Zip: W. PALM BEACH, FL

Title: ST () Delete
Name: SIMMS, SUSIE
Address: 301 N. OLIVE AVENUE, SUITE 601
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D () Delete
Name: PETERSEN, WANDA G
Address: 301 N. OLIVE AVENUE
City-St-Zip: W. PALM BEACH, FL

Title: VPD () Delete
Name: WEEKES, LEON
Address: 301 N. OLIVE AVENUE, SUITE 601
City-St-Zip: WEST PALM BEACH, FL 33401

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: GARY B SELLARI

PD

02/12/2009

Electronic Signature of Signing Officer or Director

Date