

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761719

FILED  
Jan 07, 2009  
Secretary of State

**Entity Name:** BUSINESS DEVELOPMENT BOARD OF PALM BEACH COUNTY, INC.

**Current Principal Place of Business:**

310 EVERNIA ST  
WEST PALM BEACH, FL 33401 US

**New Principal Place of Business:**

**Current Mailing Address:**

310 EVERNIA ST  
WEST PALM BEACH, FL 33401 US

**New Mailing Address:**

**FEI Number:** 59-2169828      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SMALLRIDGE, KELLY  
310 EVERNIA ST.  
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: C      ( ) Delete  
Name: KAHN, KEN  
Address: 360 HIATT DRIVE  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: T      ( ) Delete  
Name: PEREZ, VAL  
Address: 525 OKEECHOBEE BLVD. SUITE 700  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: VC      ( ) Delete  
Name: DONALD, KISELEWSKI  
Address: 700 UNIVERSE BLVD.  
City-St-Zip: JUNO BEACH,, FL 33408

Title: S      ( ) Delete  
Name: MELBY, GINA  
Address: 5301 SOUTH CONGRESS AVENUE  
City-St-Zip: ATLANTIS, FL 33462

Title: P      ( ) Delete  
Name: SMALLRIDGE, KELLY  
Address: 310 EVERNIS ST  
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: KELLY SMALLRIDGE

P

01/07/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date