

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762664

FILED
Jul 25, 2006
Secretary of State

Entity Name: THE ADVERTISING FEDERATION OF THE GREATER PALM BEACHES, INC.

Current Principal Place of Business:

PO BOX 2539
PALM CITY, FL 34991 US

New Principal Place of Business:

6107 S. DIXIE HWY.
SUITE 1
WEST PALM BEACH, FL 33405 US

Current Mailing Address:

PO BOX 2539
PALM CITY, FL 34991 US

New Mailing Address:

6107 S. DIXIE HWY.
SUITE 1
WEST PALM BEACH, FL 33405 US

FEI Number: 59-2019171 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

TAYLOR, NANCY
3651 SW BIMINI CIR. N
PALM CITY, FL 34990 US

Name and Address of New Registered Agent:

VALERIE, STAGGS
6107 S. DIXIE HWY.
SUITE 1
WEST PALM BEACH, FL 33405 US

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: VALERIE STAGGS

07/25/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: STAGGS, VALERIE
Address: 6107 S DIXIE HWY, SUITE 1
City-St-Zip: WEST PALM BEACH, FL 33405

Title: PD () Delete
Name: RANDELL, DAVID R
Address: 1054 SIENA OAKS CIR E
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: VD () Delete
Name: ANGSTROM, DAVID
Address: 13449 NW 42ND AVE.
City-St-Zip: MIAMI, FL 33054

Title: D () Delete
Name: JONES, KIM
Address: 2751 S DIXIE HWY
City-St-Zip: WEST PALM BEACH, FL 33405

Title: D () Delete
Name: KACI, COLLINS
Address: 4601 COMMUNITY DRIVE
City-St-Zip: WEST PALM BEACH, FL 33417

Title: SD () Delete
Name: GOTTSCHALK, COREEN
Address: 701 OKEECHOBEE BLVD.
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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: VALERIE STAGGS

MS.

07/25/2006

Electronic Signature of Signing Officer or Director

Date