

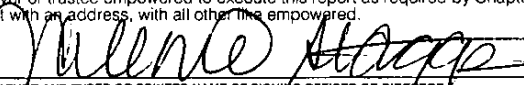


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90275 037 ****61.25

DOCUMENT # 762664			
1. Entity Name THE ADVERTISING FEDERATION OF THE GREATER PALM BEACHES, INC.			
Principal Place of Business 6107 S. DIXIE HWY. SUITE 1 WEST PALM BEACH, FL 33405 US		Mailing Address 6107 S. DIXIE HWY. SUITE 1 WEST PALM BEACH, FL 33405 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 4344	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State West Palm Beach, FL	
Zip	Country	Zip	Country
		33402	USA
4. FEI Number 59-2019171		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
VALERIE, STAGGS 6107 S. DIXIE HWY. SUITE 1 WEST PALM BEACH, FL 33405		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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 		DATE 1/14/07	
Signature, typed or printed name of registered agent (and title if applicable)		(NOTE Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	TD <input type="checkbox"/> Delete	TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAGGS, VALERIE	NAME	valerie staggs
STREET ADDRESS	6107 S DIXIE HWY, SUITE 1	STREET ADDRESS	6107 S. DIXIE Hwy, Suite 1
CITY-ST-ZIP	WEST PALM BEACH, FL 33405	CITY-ST-ZIP	West Palm Beach, FL 33405
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RANDELL, DAVID R	NAME	Patty Doherty
STREET ADDRESS	1054 SIENA OAKS CIR E	STREET ADDRESS	303 Gardenia Street
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	VD <input checked="" type="checkbox"/> Delete	TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANGSTROM, DAVID	NAME	Aimee Shaughnessy
STREET ADDRESS	13449 NW 42ND AVE.	STREET ADDRESS	440 Columbia Drive #105
CITY-ST-ZIP	MIAMI, FL 33054	CITY-ST-ZIP	West Palm Beach, FL 33409
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, KIM	NAME	Mort Fishman
STREET ADDRESS	2751 S DIXIE HWY	STREET ADDRESS	8330 Currency Drive Unit 1
CITY-ST-ZIP	WEST PALM BEACH, FL 33405	CITY-ST-ZIP	Riviera Beach, FL 33404
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	Immediate Past President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KACI, COLLINS	NAME	Jamie Titcomb
STREET ADDRESS	4601 COMMUNITY DRIVE	STREET ADDRESS	P.O. Box 1989
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	CITY-ST-ZIP	West Palm Beach, FL 33402
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	
NAME	GOTTSCALK, COREEN	NAME	
STREET ADDRESS	701 OKEECHOBEE BLVD.	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	CITY-ST-ZIP	
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 lines empowered.			
SIGNATURE: 		DATE: 1/13/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone # 561 5886 336	

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