

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762664

FILED  
Feb 21, 2008  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 4344  
WEST PALM BEACH, FL 33402 US

**New Mailing Address:**

**FEI Number:** 59-2019171

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

Title: VP ( ) Delete  
Name: DOHERTY, PATTY  
Address: 303 GARDENIA ST  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: S ( ) Delete  
Name: SHAUGHNESSY, AIMEE  
Address: 440 COLUMBIA DR SUITE 105  
City-St-Zip: WEST PALM BEACH, FL 33409

Title: T ( ) Delete  
Name: FISHMAN, MORT  
Address: 8330 CURRENCY DR UNIT 1  
City-St-Zip: RIVIERA BEACH, FL 33404

Title: PP ( ) Delete  
Name: TITCOMB, JAMIE  
Address: PO BOX 1989  
City-St-Zip: WEST PALM BEACH, FL 33402

**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: M. FISHMAN

TRES

02/21/2008

Electronic Signature of Signing Officer or Director

Date