

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766110

FILED
Mar 03, 2009
Secretary of State

Entity Name: PALM BEACH MONTHLY MEETING OF THE RELIGIOUS SOCIETY OF FRIENDS, INC.

Current Principal Place of Business:

823 NORTH A STREET
LAKE WORTH, FL 334602424

New Principal Place of Business:

Current Mailing Address:

823 NORTH A STREET
LAKE WORTH, FL 334602424

New Mailing Address:

FEI Number: 59-6546499

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CALDWELL, ELEANOR
519 AZURE AVE
WELLINGTON, FL 33414 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: VP () Delete
Name: DICKINSON, RUTH
Address: 205 SO. L ST.
City-St-Zip: LAKE WORTH, FL 33460 US

Title: SEC () Delete
Name: STEWART, LISA
Address: 1232 NORTH L ST.
City-St-Zip: LAKE WORTH, FL 33460 US

Title: T () Delete
Name: CALDWELL, ELEANOR
Address: 519 AZURE AVE
City-St-Zip: WELLINGTON, FL 33414 US

Title: D () Delete
Name: CARNEY, JOAN
Address: 59 PLANTATION BLVD
City-St-Zip: LAKE WORTH, FL 33467

Title: P () Delete
Name: WICKES, MARY
Address: 1433 CINDY DR.
City-St-Zip: LAKE WORTH, FL 33461

Title: D () Delete
Name: DEVINE, ANNE
Address: 509 18TH AVE NORTH
City-St-Zip: LAKE WORTH, FL 33460 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: NUNGESSER, MARTHA
Address: 419 NORTH J ST.
City-St-Zip: LAKE WORTH, FL 33460 US

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

Title: T (X) Change () Addition
Name: NELSON, JOAN
Address: 59 PLANTATION BLVD.
City-St-Zip: LAKE WORTH, FL 33467 US

Title: D (X) Change () Addition
Name: BRADIN, JACK
Address: 3541 NE OCEAN BLVD. #4
City-St-Zip: JENSEN BEACH, FL 33480

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: JOAN NELSON

T

03/03/2009

Electronic Signature of Signing Officer or Director

Date