

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 17, 2008 8:00 am
Secretary of State

05-02-2008 90129 003 ****61.25

DOCUMENT # 766845

1. Entity Name
PLANNED GIVING COUNCIL OF PALM BEACH
COUNTY, INC.



Principal Place of Business
3 HARBOUR DRIVE SOUTH
OCEAN RIDGE, FL 33435 US

Mailing Address
3 HARBOUR DRIVE SOUTH
OCEAN RIDGE, FL 33435 US

66014316



2. Principal Place of Business - No P.O. Box #
334 Windsor O

3. Mailing Address
334 Windsor O

Suite, Apt. #, etc.

02192008 Chg-NP CR2E037 (12/06)

City & State
West Palm Beach, FL

4. FEI Number
59-2348805

Applied For
☐ Not Applicable

Zip
33417

Country
Palm Beach

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WINANS, BRENT A T
3 HARBOUR DRIVE SOUTH
OCEAN RIDGE, FL 33435

Name
Krista S. Lidinsky, Treasurer

Street Address (P.O. Box Number is Not Acceptable)
P.O. Box 552 / 501 S. Sapodilla Ave.

City
West Palm Beach

FL Zip Code **33402**

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 **Krista S. Lidinsky, Treasurer** **4/8/08**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$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 NAME STREET ADDRESS CITY-ST-ZIP	T WINANS, BRENT A T 3 HARBOUR DRIVE SOUTH OCEAN RIDGE, FL 33435 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Krista S. Lidinsky P.O. Box 552 West Palm Beach, FL 33402 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LINDSEY, SHARON C V 4601 COMMUNITY DRIVE WEST PALM BEACH, FL 33417 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Wilmering, Tish 2300 Centre Park West Drive West Palm Beach, FL 33409 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCALDINI, SARA V 120 EAST PALMETTO PARK ROAD BOCA RATON, FL 33432 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHNEIDER-RANDELL, CEIL D 777 SOUTH FLAGLER DRIVE, #900 WEST WEST PALM BEACH, FL 33401 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Brown, Cora L 3333 Forest Hill Blvd. West Palm Beach, FL 33406 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROWN, CORA L P 3333 FOREST HILL BLVD. WEST PALM BEACH, FL 33406 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Lindsey, Sharon C 4601 Community Drive West Palm Beach, FL 33417 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WHITEHEAD, PATRICK S P.O. BOX 24708 WEST PALM BEACH, FL 33416 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 like empowered.

SIGNATURE: **Sharon Lindsey-Sharon Lindsey** **4-8-08** **President** **561-212-6672**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #