2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# 766845

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

Current Principal Place of Business:

334 WINDSOR O
WEST PALM BEACH, FL 33417 US

New Principal Place of Business:

Current Mailing Address:

334 WINDSOR O
WEST PALM BEACH, FL 33417 US

New Mailing Address:

FEI Number: 59-2348805 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LIDINSKY, KRISTIN S
501 S SAPODILLA AVE
WEST PALM BEACH, FL 33401 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:	SCALDINI, SARA	
Address:	120 EAST PALMETTO PARK ROAD	
City-St-Zip:	BOCA RATON, FL 33432 US	
Title:	V	( ) Delete
Name:	LIDINSKY, KRISTIN S	
Address:	PO BOX 552	
City-St-Zip:	WEST PALM BEACH, FL 33402 US	
Title:	V	( ) Delete
Name:	DIANE, BERGNER	
Address:	701 OKEECHOBE BLVD	
City-St-Zip:	WEST PALM BEACH, FL 33401 US	
Title:	T	( ) Delete
Name:	PATRICK, WHITEHEAD	
Address:	PO BOX 24708	
City-St-Zip:	WEST PALM BEACH, FL 33416 US	
Title:	S	( ) Delete
Name:	RAPPOPORT, ADI	
Address:	777 S. FLAGLER DR.	
City-St-Zip:	WEST PALM BEACH, FL 33401 US	

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:	T	(X) Change ( ) Addition
Name:	PATRICK, WHITEHEAD	
Address:	215 SOUTH OLIVE AVE., SUITE 400	
City-St-Zip:	WEST PALM BEACH, FL 33401 US	
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: PATRICK WHITEHEAD T 04/14/2009

Electronic Signature of Signing Officer or Director — Date