

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # 811656**

1. Entity Name  
**455 WORTH AVENUE CORP**



Principal Place of Business  
**455 WORTH AVE.  
PALM BEACH, FL 33480**

Mailing Address  
**455 WORTH AVE.  
PALM BEACH, FL 33480**



01122008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-0897269**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**ROBINSON, CARALYN P  
455 WORTH AVE.  
PALM BEACH, FL 33480**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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

000000790510  
01/23/08-80037-010 61.25

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	FRITZ, ROSEMARY
STREET ADDRESS	455 WORTH AVE.
CITY - ST - ZIP	PALM BEACH, FL 33480
TITLE	S
NAME	HODGINS, WILLIAM
STREET ADDRESS	455 WORTH AVE.
CITY - ST - ZIP	PALM BEACH, FL 33480
TITLE	P
NAME	SAGE, HENRY
STREET ADDRESS	455 WORTH AVENUE
CITY - ST - ZIP	PALM BEACH, FL 33480
TITLE	VP
NAME	KIBORT, CHARLES A JR
STREET ADDRESS	455 WORTH AVENUE
CITY - ST - ZIP	PALM BEACH, FL 33480
TITLE	TD
NAME	WALLACH, FREDERICK E
STREET ADDRESS	455 WORTH AVE.
CITY - ST - ZIP	PALM BEACH, FL 33480
TITLE	AS
NAME	ROBINSON, CARALYN P
STREET ADDRESS	455 WORTH AVENUE
CITY - ST - ZIP	PALM BEACH, FL 33480

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Paige Robinson*  
1-12-08

Date

561.655.8013

Daytime Phone #