

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000662

FILED
Feb 20, 2009
Secretary of State

Entity Name: FAIR HOUSING CENTER OF THE GREATER PALM BEACHES, INC.

Current Principal Place of Business:

1300 WEST LANTANA RD.
SUITE 200
LANTANA, FL 33462

New Principal Place of Business:

Current Mailing Address:

1300 WEST LANTANA RD.
SUITE 200
LANTANA, FL 33462

New Mailing Address:

FEI Number: 65-0972629 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LARKINS, VINCE
815 MEADOWS CIRCLE
BOYNTON BEACH, FL 33436 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: CD () Delete
Name: WEIN, FRED
Address: 135 LAKE PINE CIR
City-St-Zip: LAKE WORTH, FL 33463

Title: VCD () Delete
Name: FLYNN, GAIL
Address: 8611 WHITE EGRET WAY
City-St-Zip: LAKE WORTH, FL 33467

Title: TD () Delete
Name: BARRY, JACOB
Address: 33 NW 11TH AVE.
City-St-Zip: DELRAY BEACH, FL 33444

Title: D () Delete
Name: STAR, SMILEY
Address: 8300 WATERWAY DRIVE
City-St-Zip: WEST PALM BEACH, FL 33406

Title: SD () Delete
Name: WHITNEY, TAYLOR
Address: 1940 S.W. 10 STREET
City-St-Zip: BOCA RATON, FL 33486

Title: PCEO () Delete
Name: LARKINS, VINCE L
Address: 815 MEADOWS CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33436

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
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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: VINCE L. LARKINS

PCEO

02/20/2009

Electronic Signature of Signing Officer or Director

Date