

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001582

FILED
Jan 29, 2009
Secretary of State

Entity Name: SOUTH PALM BEACH COUNTY CHAPTER OF THE NATIONAL PARKINSON FOUNDATION, INC.

Current Principal Place of Business:

21693 ARRIBA REAL
BOCA RATON, FL 33433 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 880145
BOCA RATON, FL 33433 US

New Mailing Address:

21693 ARRIBA REAL
BOCA RATON, FL 33433 US

FEI Number: 30-0033499

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAYTON, IRVING
21693 ARRIBA REAL
BOCA RATON, FL 33433 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: PD () Delete
Name: LAYTON, IRVING
Address: 21693 ARRIBA REAL
City-St-Zip: BOCA RATON, FL 33433

Title: VPD () Delete
Name: MIDDLETON, DAVID
Address: 8204 CASA DEL LAGO
City-St-Zip: DELRAY BEACH, FL 33433

Title: D () Delete
Name: SELIGMAN, LOTTIE
Address: 21500 CYPRESS HAMMOCK DR
City-St-Zip: BOCA RATON, FL 33428

Title: S () Delete
Name: LAYTON, SYLVIA
Address: 21693 ARRIBA REAL
City-St-Zip: BOCA RATON, FL 33433

Title: D () Delete
Name: GOLDSTEIN, CAROL
Address: 8525 CASA DEL LAGO
City-St-Zip: BOCA RATON, FL 33433

Title: TREA () Delete
Name: BUTNICK, JUDITH, TREASURER
Address: 9310 VISTA DEL LAGO
City-St-Zip: BOCA RATON, FL 33428 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change () Addition
Name: OKONOW, CHARLOTTE
Address: 17196 COURTLAND LANE
City-St-Zip: BOCA RATON, FL 33496P

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
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: IRVING LAYTON

PRES

01/29/2009

Electronic Signature of Signing Officer or Director

Date