

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000005834

1. Entity Name

THE NORTHERN PALM BEACH COUNTY YOUTH  
FOUNDATION, INC.



Principal Place of Business

2000 PGA BLVD SUITE 2204  
NORTH PALM BEACH, FL 33408

Mailing Address

2000 PGA BLVD SUITE 2204  
NORTH PALM BEACH, FL 33408

**FILED**  
**Jul 16, 2008 08:00 AM**  
**Secretary of State**



07032008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
31-1732652

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

FREDERICKSON, TUCKER  
2000 PGA BLVD SUITE 2204  
NORTH PALM BEACH, FL 33408

**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 September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP  
NAME FREDERICKSON, TUCKER  
STREET ADDRESS 2000 PGA BLVD SUITE 2204  
CITY-ST-ZIP NORTH PALM BEACH, FL 33408

TITLE  
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07/16/08-80002-013 61.25

**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

7/8/08  
Date

561627-7220  
Daytime Phone #