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Secretary of State

04-23-1999 90208 021 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N00078					
1. Corporation Name P.A.L.S. COMMUNITY ADVISORY BOARD, INC.					
Principal Place of Business 1960 LANDINGS BLVD. SARASOTA FL 34231			Mailing Address 1960 LANDINGS BLVD. SARASOTA FL 34231		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 11/29/1983 4. FEI Number 59-2354722 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent WEISS, SHEILA 1960 LANDINGS BLVD SARASOTA FL 34231			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE NAME PD STREET ADDRESS HARDY, ANN W CITY-ST-ZIP 1917 ROSE STREET SARASOTA FL			1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 4961 LEATHA LANE 1.4 CITY-ST-ZIP SARASOTA, FL 34232		
TITLE <input type="checkbox"/> DELETE NAME VD STREET ADDRESS FORSYTH, DOLORES CITY-ST-ZIP 7312 KILLARNEY DR SARASOTA FL			2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 8688 Woodbriar Dr. 2.4 CITY-ST-ZIP SARASOTA, FL 34238		
TITLE <input type="checkbox"/> DELETE NAME S STREET ADDRESS TAPPAN, SORAYA CITY-ST-ZIP 2532 LOCKWOOD MEADOWS ST. SARASOTA FL 34234			3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME S STREET ADDRESS HALL, JUDY CITY-ST-ZIP 3651 BENEVA WOODS BLVD SARASOTA FL			4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input checked="" type="checkbox"/> DELETE NAME TD STREET ADDRESS KINDELL, KIM CITY-ST-ZIP 1331 GUARDIAN DRIVE VENICE FL 34292			5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5 NANCY SPREEN 5.4 CITY-ST-ZIP 4844 MARIGOLD PL SARASOTA, FL 34231		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/99
Date

941-922-7874
Daytime Phone #