2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00078

City-St-Zip:

SARASOTA, FL 34239

FILED Jul 03, <u>2</u>007 Secretary of State

Entity Name: P.A.L.S. COMMUNITY ADVISORY BOARD, INC.

Current Principal Place of Business: New Principal Place of Business: 1960 LANDINGS BLVD. SARASOTA, FL 34231 **Current Mailing Address: New Mailing Address:** 1960 LANDINGS BLVD SARASOTA, FL 34231 FEI Number: 59-2354722 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CHAPNICK, SANDY 1960 LANDÍNGS BLVD SARASOTA, FL 34231 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition THATCHER, SARA Name: Name: CARR, RONALD Address: 4323 RETTLECTIONS PKWY Address: 2928 TANGLEWOOD WAY City-St-Zip: SARASOTA, FL 34233 City-St-Zip: SARASOTA, FL 34233 Title: PD (X) Delete Title: () Change () Addition Name: MAASS, RUTHIE Name: Address: 536 RECLINATA DR Address: City-St-Zip: LONGBOAT KEY, FL 34228 City-St-Zip: Title: VΡ (X) Delete Title: () Change () Addition WHITE, DENESE Name: Name: Address: 3270 N LANE Address: City-St-Zip: NORTH PORT, FL 34286 City-St-Zip: Title: (X) Delete Title: () Change () Addition CARLL, MAURÉEN Name: Name: 4063 GALEWOOD Address: Address:

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.

City-St-Zip:

SIGNATURE: RONALD CARR **PRES** 07/03/2007