2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000183

405 FOREST HILLS BLVD.

NAPLES, FL 34113 US

Address:

City-St-Zip:

FILED Apr 14, 2007 Secretary of State

Entity Nar	me: ROYAL P	ALM CHARITIES, INC.			
Current P	rincipal Place	of Business:	New Principal Place	of Business:	
	ALM COUNTRY ST HILL BLVD FL 34113 U				
Current M	lailing Addres	s:	New Mailing Address	New Mailing Address:	
	ALM COUNTRY ST HILL BLVD FL 34113 U	·_			
FEI Number:	: 59-3647405	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
405 FORE	DONALD M ST HILLS BLV FL 34113 U				
	named entity s e of Florida.	ubmits this statement for the p	purpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE:				
	Electron	ic Signature of Registered Ag	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	HARLOW, DON	DUNES CIRCLE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VPD () NEET, RICHARI 405 FOREST H NAPLES, FL 34	LLS BLVD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	STD () WILLIAMS, JAN	Delete ICE	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip:

SIGNATURE: DONALD M. HARLOW PD 04/14/2007