

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000556

FILED
Apr 29, 2008
Secretary of State

Entity Name: DRESS FOR SUCCESS PALM BEACH COUNTY, INC.

Current Principal Place of Business:

1249 10TH STREET
LAKE PARK, FL 33403

New Principal Place of Business:

Current Mailing Address:

1249 10TH STREET
LAKE PARK, FL 33403

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DAVIS, GWENDOLYN
1540 W. 29TH ST.
RIVIERA BCH, FL 33404 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: D () Delete
Name: DAVIS, GWENDOLYN E
Address: 1540 W. 29 ST.
City-St-Zip: RIVIERA BEACH, FL 33404

Title: D () Delete
Name: PANIER, FERCELLA
Address: 1239 LITTLE TORCH
City-St-Zip: RIVIERA BEACH, FL 33404

Title: D () Delete
Name: KING, LAURA
Address: 1375 NORTH KILLIAN DRIVE
City-St-Zip: WEST PALM BEACH, FL 33403

Title: T () Delete
Name: CARLTON, SYLVIA
Address: 8409 N MILITARY TRAIL SUITE 118
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D () Delete
Name: BIGSBY, SUSAN
Address: 2304 CHADWICK COURT
City-St-Zip: BOYNTON BEACH, FL 33436

Title: M () Delete
Name: BEDOYA, REGINA
Address: 3700 US HWY 1 SUITE 202-D
City-St-Zip: JUNO BEACH, FL 33408

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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
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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: GWENDOLYN DAVIS

E.D.

04/29/2008

Electronic Signature of Signing Officer or Director

Date