

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000736

FILED
Apr 05, 2007
Secretary of State

Entity Name: PALM BEACH MARITIME ACADEMY, INC.

Current Principal Place of Business:

7719 S. DIXIE HWY.
WEST PALM BEACH, FL 33405

New Principal Place of Business:

Current Mailing Address:

PO BOX 2317
PALM BEACH, FL 33480

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:

ZELLER, RONALD J ESQ.
222 LAKEVIEW AVE. #260
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

GRANT, JOHN C
7719 S. DIXIE HWY.
WEST PALM BEACH, FL 33405 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: JOHN C. GRANT

04/05/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GRANT, JOHN C
Address: 7719 S DIXIE HWY
City-St-Zip: WEST PALM BEACH, FL 33405

Title: TD () Delete
Name: ZELLER, RONALD J
Address: 222 LAKEVIEW AVE. #260
City-St-Zip: WEST PALM BEACH, FL 33407

Title: SD () Delete
Name: ZELLER, SUZANNE T
Address: 222 LAKEVIEW AVE. #260
City-St-Zip: WEST PALM BEACH, FL 33407

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: ZELLER, RONALD J
Address: 525 S. FLAGLER DR. #200
City-St-Zip: WEST PALM BEACH, FL 33401

Title: SD (X) Change () Addition
Name: ZELLER, SUZANNE T
Address: 525 S. FLAGLER DR. #200
City-St-Zip: WEST PALM BEACH, FL 33401

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.

SIGNATURE: JOHN C. GRANT

PD

04/05/2007

Electronic Signature of Signing Officer or Director

Date