


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90549 010 \*\*\*\*70.00

<b>DOCUMENT # N01000000819</b> 1. Entity Name TOWARD A MORE PERFECT UNION INITIATIVE OF PALM BEACH COUNTY, INC.					
Principal Place of Business 700 SOUTH DIXIE HIGHWAY SUITE 202 WEST PALM BEACH, FL 33401			Mailing Address 700 SOUTH DIXIE HIGHWAY SUITE 202 WEST PALM BEACH, FL 33401		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 03-0379338	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SHEEHAN, THOMAS A III 625 N. FLAGLER DR., 9TH FLOOR W. PALM BCH, FL 33401				Name <b>ELVIO SERRANO</b> Street Address (P.O. Box Number is Not Acceptable) <b>2600 QUANTUM BLVD.</b> City <b>BOYNTON BEACH</b> FL <b>33426</b>	
8. 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. I am familiar with, and accept the obligations of registered agent. <i>Elvio's Signature</i> SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CHEIVES, BARBARA</b> 700 S. DIXIE HIGHWAY, SUITE 202 WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1</b> <b>LAUREN KANTER</b> 700 S. DIXIE HWY, STE 202 WEST PALM BEACH, FL 33401	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>CASTELLANO, JAIME S DR.</b> 3340 FOREST HILL BLVD., SUITE A203 WEST PALM BEACH, FL 33406	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>THOMAS G. O'BRIEN III</b> 272 EABLETON ESTATES BLVD. PALM BEACH GARDENS, FL 33418	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>CORBETT, JOHN</b> 2001 W. BLUE HERON BLVD. RIVIERA BEACH, FL 33404	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>← SAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DARWIN, ELAINE</b> 700 SOUTH DIXIE HWY #200 WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LILIAN TAJAYO</b> 2300 N. FLORIDA MANGO WEST PALM BEACH, FL 33409	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VC</b> <b>SERRANO, ELVIO</b> 2600 QUANTUM BOULEVARD BOYNTON BEACH, FL 33426	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VC</b> <b>WILFRED HAWKINS</b> CITY OF BOYNTON BEACH P.O. BOX BOYNTON BEACH, FL 33435	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STEWART, DEBORAH R</b> 800 BRIARWOOD DRIVE WEST PALM BEACH, FL 33415	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TANA EBBELE</b> 1919 N. FLAGLER DR. WEST PALM BEACH, FL 33407	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE <i>Lauren Kanter</i> <b>LAUREN KANTER</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Apr. 28, '05 561.832-3336 <small>Date Daytime Phone #</small>		