

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90053 042 ****61.25

DOCUMENT # N01000001044

1. Entity Name
PALM BEACH EYE FOUNDATION, INC.



Principal Place of Business
**2889 10TH AVENUE NORTH
LAKE WORTH FL 33461**

Mailing Address
**2889 10TH AVENUE NORTH
LAKE WORTH FL 33461**



CHECK HERE IF MAKING CHANGES

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 **65-1076165**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHIPLEY, NANCY L
2889 10TH AVE N.
SUITE 306
LAKE WORTH FL 33461**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
	PDD COFFMAN, TOM	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	2839 10TH AVE N		
CITY-ST-ZIP	LAKE WORTH FL 33461		
	SDD COFFMAN, MADONNA	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	2889 10TH AVE N		
CITY-ST-ZIP	LAKE WORTH FL 33461		
	C20D NANCY SHIPLEY	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	2889 10TH AVE N		
CITY-ST-ZIP	LAKE WORTH FL 33461		
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			

"Nancy" (type error)

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 *Nancy L Shipley* CEO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)