

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2004 8:00 am
Secretary of State

02-05-2004 90005 026 ****70.00

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| DOCUMENT # N01000005739 | | | | | |
| 1. Entity Name ROYAL PALM BEACH HIGH SCHOOL GRADUATION INC. | | | | | |
| Principal Place of Business 10600 OKEECHOBEE BLVD ROYAL PALM BEACH, FL 33411 | | | Mailing Address 10600 OKEECHOBEE BLVD ROYAL PALM BEACH, FL 33411 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 01262004 Chg-NP CR2E037 (10/03) | |
| City & State | | City & State | | 4. FEI Number 65-1126017 | |
| Zip | | Country | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent LOFTIS, MARY ANN 159 RIVERA CT ROYAL PALM BEACH, FL 33411 | | | | 7. Name and Address of New Registered Agent Name: <u>Channon Delgado</u> Street Address (P.O. Box Number is Not Acceptable): <u>155 Cocoplum Lane</u> City: <u>Royal Palm Beach</u> FL <u>33411</u> | |
| 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: <u>Channon Delgado</u> <u>Channon Delgado</u> <u>Treasurer</u> <u>1-26-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (Not for Registered Agent signature required when reappointing) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD LOFTIS, MARY ANN 159 RIVERA CT ROYAL PALM BEACH, FL 33411 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Chris Gabbard 13049 14th Ct. Royal Palm Beach, FL 33411 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD STEWART, NANCY 182 BILBAO ST ROYAL PALM BEACH, FL 33411 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD Cindy Grigsby 11320 Tangerine Blvd. West Palm Beach, FL 33412 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD STAIRS, SHARL 148 MONTEREY WAY ROYAL PALM BEACH, FL 33411 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD Diane Conner 12814 Marcella Rd Loxahatchee FL 33470 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD CHECCHI, JOANN 14809 60TH CT N LOXAHATCHEE, FL 33470 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD Channon Delgado 155 Cocoplum Lane Royal Palm Beach, FL 33411 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <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: <u>Channon Delgado</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | <u>1-26-04</u> <u>561-784-0715</u> <small>Date Daytime Phone #</small> | |