

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005739

FILED
Feb 28, 2009
Secretary of State

Entity Name: ROYAL PALM BEACH HIGH SCHOOL PROJECT GRADUATION, INC.

Current Principal Place of Business:

10600 OKEECHOBEE BLVD
ROYAL PALM BEACH, FL 33411

New Principal Place of Business:

Current Mailing Address:

10600 OKEECHOBEE BLVD
ROYAL PALM BEACH, FL 33411

New Mailing Address:

FEI Number: 65-1126017

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEITLER, CHERYL C MRS
100 ALMERIA STREET
ROYAL PALM BEACH, FL 33411 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: PD () Delete
Name: SEITLER, CHERYL C MRS
Address: 100 ALMERIA STREET
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: VP () Delete
Name: JOHNSON, KAREN A MRS
Address: 147 SUNFLOWER CIRCLE
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: TD () Delete
Name: GOMEZ, ANA MR
Address: 149 SEVILLA AVE
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: SD () Delete
Name: COOK, TAMARA MRS
Address: 100 LAUREL WAY
City-St-Zip: ROYAL PALM BEACH, FL 33411

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
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: CHERYL COLEMAN SEITLER

PD

02/28/2009

Electronic Signature of Signing Officer or Director

Date