

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000791

FILED
May 01, 2009
Secretary of State

Entity Name: CHOICES OF PALM BEACH, INC.

Current Principal Place of Business:

8628 DOVERBROOK DRIVE
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

8628 DOVERBROOK DRIVE
PALM BEACH GARDENS, FL 33410

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

RAIFORD, NORMAN L
8628 DOVERBROOK DRIVE
PALM BEACH GARDENS, FL 33410 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RAIFORD, NORMAN L SR
Address: 8628 DOVERBROOK DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D () Delete
Name: GONSOLVES, NAOMI
Address: 501 5 LANE
City-St-Zip: GREEN ACRES, FL 33463

Title: D () Delete
Name: WEBBER, ALBERTINE
Address: 2919 SPRUCE AVE
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D () Delete
Name: RAIFORD, NORMAN A II
Address: 5501 CROSSING ROCKS CT
City-St-Zip: RIVIERA BEACH, FL 33407

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: GONSOLVES, NAOMI
Address: 4319 N. AUSTRALIAN AVE
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D (X) Change () Addition
Name: WEBBER, ALBERTINE
Address: 4290 DESTE CT. APT. 101
City-St-Zip: WEST PALM BEACH, FL 33467 41

Title: D (X) Change () Addition
Name: RAIFORD, NORMAN A II
Address: 5400 QUEENSHIP CT.
City-St-Zip: GREENACRES, FL 33463

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: NORMAN L. RAIFORD

D

05/01/2009

Electronic Signature of Signing Officer or Director

Date