


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2005 8:00 am**  
**Secretary of State**

03-29-2005 90022 006 \*\*\*\*61.25

<b>DOCUMENT # N02000005678</b>					
1. Entity Name <b>CHARACTER COUNCIL OF PALM BEACH COUNTY, INC.</b>					
Principal Place of Business <b>4264 HYACINTH CIR S PALM BEACH GARDENS FL 33410</b>			Mailing Address <b>4264 HYACINTH CIR S PALM BEACH GARDENS FL 33410</b>		
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 <b>22-3862725</b>	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent <b>BONNER, GEORGE A 4264 HYACINTH CIR S PALM BEACH GARDENS FL 33410</b>			7. Name and Address of New Registered Agent		
			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NORWILLO, LEONARD R	NAME			
STREET ADDRESS	9122 SE DUNCAN ST.	STREET ADDRESS			
CITY-ST-ZIP	HOBE SOUND FL 33455	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BONNER, GEORGE A	NAME			
STREET ADDRESS	4264 HYACINTH CIR S	STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BONNER, JAY ALAN	NAME			
STREET ADDRESS	7592 159TH COURT N	STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PAM BURNS	NAME			
STREET ADDRESS	1645 PALM BEACH LAKES BLVD	STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCOTT BIRGER	NAME			
STREET ADDRESS	5961 N.W. 2ND AV #204	STREET ADDRESS			
CITY-ST-ZIP	BOLA RATON, FL 33487	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KIM C. WILLIAMS B-147	NAME			
STREET ADDRESS	3330 FOREST HILL BLVD	STREET ADDRESS			
CITY-ST-ZIP	W. PALM BEACH, FL 33406	CITY-ST-ZIP			
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: <b>GEORGE A. BONNER</b> <i>George A. Bonner</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

**30031740**



1st MOORE CR2E037 (10/04)

4. FEI Number **22-3862725**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL Zip Code

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  
Due By May 1, 2005**

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

TITLE	D <input type="checkbox"/> Delete
NAME	NORWILLO, LEONARD R
STREET ADDRESS	9122 SE DUNCAN ST.
CITY-ST-ZIP	HOBE SOUND FL 33455
TITLE	D <input type="checkbox"/> Delete
NAME	BONNER, GEORGE A
STREET ADDRESS	4264 HYACINTH CIR S
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410
TITLE	D <input type="checkbox"/> Delete
NAME	BONNER, JAY ALAN
STREET ADDRESS	7592 159TH COURT N
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418
TITLE	D <input type="checkbox"/> Delete
NAME	PAM BURNS
STREET ADDRESS	1645 PALM BEACH LAKES BLVD
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	D <input type="checkbox"/> Delete
NAME	SCOTT BIRGER
STREET ADDRESS	5961 N.W. 2ND AV #204
CITY-ST-ZIP	BOLA RATON, FL 33487
TITLE	D <input type="checkbox"/> Delete
NAME	KIM C. WILLIAMS B-147
STREET ADDRESS	3330 FOREST HILL BLVD
CITY-ST-ZIP	W. PALM BEACH, FL 33406

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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SIGNATURE: **GEORGE A. BONNER**  
*George A. Bonner*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/05 561-626-2890

Date Daytime Phone #