## 2006 NOT-FOR-PROFIT CORPORATION

## **ANNUAL REPORT**

**DOCUMENT # N03000002250** 

1. Entity Name
WORLD AFFAIRS COUNCIL OF THE FLORIDA PALM



## **FILED** Jan 12, 2006 8:00 am Secretary of State

01-12-2006 90194 050 \*\*\*\*61.25

Principal Place of Business 1. Mailing Address 150 BANYAN ISLE DRIVE 150 BANYAN ISLE DRIVE PALM BEACH GARDENS, FL 33418-4601  2. Principal Place of Business 3. Mailing Address  Suite, Apt. #, etc. 01082006 Chg-NP CR2E037 (11/05)  City & State City & State 4. FEI Number 05-0556615 Not Applied For Not Applied For Not Applied Days 1. Not Applicable
Suite, Apt. #, etc.  Suite, Apt. #, etc.  O1082006 Chg-NP CR2E037 (11/05)  City & State  City & State  4. FEI Number OF OFFICE15
Suite, Apt. #, etc.  Suite, Apt. #, etc.  O1082006 Chg-NP CR2E037 (11/05)  City & State  City & State  4. FEI Number OF OFFICE15
City & State City & State 4. FEI Number Applied For
OF OFFICE
Zip Country Zip Country 5. Certificate of Status Desired 5. Certificate of Status Desired Fee Required
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
WHEELOCK, WILLIAM E
150 BANYAN ISLE DRIVE PALM BEACH GARDENS, FL 33418-4601 Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code
B. 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 little # applicable. (NOTE: Registered Agent signature required when reinstating)  DATE
DATE TO THE PROPERTY OF THE PR
Filing Fee Is \$61.25 Due by May 1, 2006  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
TITLE OF MR. C Delete TITLE DROWN PERRY
STREET ADDRESS TO BANYAN ISLE DRIVE  CITY-ST-ZIP PALM BEACH GARDENS, FL 334184601  STREET ADDRESS THE TADDRESS THE TADDRES
TITLE D / □ Change ( Marghadottion
NAME WHEELOCK, JUDITH J NAME WALSH, KAT
STREET ADDRESS 150 BANYAN ISLE DRIVE STREET ADDRESS 16563 WHITE ORCHID LANE CITY-ST-ZIP PALM BEACH GARDENS, FL 334184601
DELRAY DEACH PL 334-70
NAME SHOOSHANI MICHAEL
STREET ADDRESS 9045 LAFONTANA SUITE 6CA STREET ADDRESS 1800 EMBASSY DRIVE OTTY-ST-ZIP BOCA RATION, FL 33434
WEST PACK BEACH, FT 33401
MALSH, MICHAEL  Delete  TITLE  NAME  WALSH, MICHAEL  NAME  N
STREET ADDRESS 20033 OCEAN KEY DRIVE STREET ADDRESS 150 BANVAN TO F TOURS
STREET ADDRESS 20033 OCEAN KEY DRIVE  CITY-ST-ZIP  BOCA RATON, FL 33498  CITY-ST-ZIP  CITY-ST-ZI
Delete Time 33464601 Criange Addition
STREET ADDRESS  3529 PALLADIAN CIRCLE  STREET ADDRESS
CITY-SI-ZIP DEERFIELD BEACH, FL 33442 CITY-SI-ZIP
TITLE D □ Delete ■ TITLE D → Change □ Addition
NAME COMPAS, VICTOR NAME SHOOSHAN'I, MICHAEL
NAME COMPAS, VICTOR  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  COMPAS, VICTOR  SHOOSHAN I MICHAEL  9045 LAFONTANA SUITE 6CA
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

Reclock SIGNATURE: \_