

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N03000004436 1. Entity Name THE PALM BEACH GARDENS CULTURAL ARTS SOCIETY, INC.					
Principal Place of Business C/O MARILYN JACOBS 2161 PALM BEACH LAKES BLVD., SUITE #4 WEST PALM BEACH FL 33409			Mailing Address C/O MARILYN JACOBS 2161 PALM BEACH LAKES BLVD., SUITE #4 WEST PALM BEACH FL 33409		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 11-3690437	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent JACOBS, MARILYN 2161 PALM BEACH LAKES BLVD., SUITE #450 WEST PALM BEACH FL 33409				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ (Signature, typed or printed name of registered agent, or both, if applicable. (NOTE: Registered Agent signature is required when registering.)	
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete JABLIN, ERIC 2161 PALM BEACH LAKES BLVD., SUITE #450 WEST PALM BEACH FL 33409			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete JACOBS, MARILYN 2161 PALM BEACH LAKES BLVD., SUITE #450 WEST PALM BEACH FL 33409			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U00000797418 01/29/08-80072-004 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete ELIAS, JOAN 2161 PALM BEACH LAKES BLVD., SUITE #450 WEST PALM BEACH FL 33409			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: *Marilyn Jacobs* 1/29/08 561-615-8585