2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N03000005574

1. Entity Name

STREET ADDRESS CITY-ST-ZIP

ROTARY CLUB OF THE NORTH PALM BEACHES, INC.

			COD WI	TREE				
Principal Place	e of Business	Mailing Address						
5606 PGA BLVD STE 211 PALM BEACH GARDENS FL 33418		5606 PGA BLVD STE 211 PALM BEACH GARDENS FL 33418						
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		(1991/491 91)	DEINE 11115F BEI11 BEI11		#### (## # ##	161 BI 1961
					OORE	CR2E037 (1	<u> </u>	aliad Fax
City & State		City & State		4. FEI Number 42-16278	00		 	plied For Applicable
Zip .	Country	Zip	Country	5. Certificate of S	atus Desired	□ \$8.	. 75 Addi Required	tional
	6. Name and Address of Current	Registered Agent		7. Name and Ado	Iress of New A	legistered Ager	nt	
EDE	DEDIC T DELICIN ID DA		Name			±.		
FREDERIC T DEHON JR PA 5606 PGA BLVD STE 211			Street A	Street Address (P.O. Box Number is Not Acceptable)				
PAL	M BEACH GARDENS FL 33	418						
			City			FL	Zip Code	,
	named entity submits this statement for ions of registered agent.	r the purpose of changing its	registered office or	r registered agent, or both, in	the State of Fig	orida. 1 am famil	liar with, a	and accept
	Signature, typed or printed name of registered agent	and title if applicable. (NOT)	E: Registered Agent signat	ure required when reinstating)		DATE		
the obligati	Signature, typed or printed name of registered agent a FILE NOW: FEE IS \$61.25 Due By May 1, 2004		mpaign Financing	ure required when reinstating) \$5.00 May Be Added to Fees		_{DATE} ke Check Pa da Departme		
the obligati	FILE NOW: FEE IS \$61.25 Due By May 1, 2004 OFFICERS AND DIF	9. Election Car Trust Fund 0	mpaign Financing	\$5.00 May Be	Flori	ke Check Pa da Departme	ent of S	tate
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12. I hereby certify that the information supplied with this filling 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 trastee 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:

Frederic T. DeHon, Jr. 4/26/04 (561) 624–2001

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ate Daytime F

Daytime Phone #

Apr 30, 2004 8:00 am Secretary of State

04-30-2004 90358 046 ****61.25