

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009194

FILED
Jan 16, 2009
Secretary of State

Entity Name: DIRECTORS OF VOLUNTEER SERVICES OF PALM BEACH COUNTY, INCORPORATED.

Current Principal Place of Business:

3970 RCA BLVD.
SUITE 7000
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

3970 RCA BLVD.
SUITE 7000
PALM BEACH GARDENS, FL 33410 US

New Mailing Address:

FEI Number: 52-2406184 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BRANNEN, LADORNE
3970 RCA BLVD.
SUITE 7000
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

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: P () Delete
Name: GREENBERG, NADINE
Address: 4847 FRED GLADSTONE DR
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: D () Delete
Name: PULDA, DONNA
Address: 2600 QUANTUM BLVD
City-St-Zip: BOYNTON BEACH, FL 33426 US

Title: T () Delete
Name: LADORNE, BRANNEN
Address: 825 FERN ST
City-St-Zip: W PALM BCH, FL 33402 US

Title: D () Delete
Name: MATHEWS, ANN
Address: 3323 BELVEDERE RD BLD 502
City-St-Zip: W PALM BCH, FL 33406 US

Title: S () Delete
Name: SNELL, JANE
Address: 3333 FOREST HILL BLVD.
City-St-Zip: WEST PALM BEACH, FL 33406 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: LADORNE BRANNEN

T

01/16/2009

Electronic Signature of Signing Officer or Director

Date