2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2009
Secretary of State

DOCUMENT# N04000001527

Entity Name: POLICE BENEVOLENT ASSOCIATION CHARITY FUND, INC.

Current Principal Place of Business:

2100 N FLORIDA MANGO RD
WEST PALM BEACH, FL 33409

New Principal Place of Business:

Current Mailing Address:

2100 N FLORIDA MANGO RD
WEST PALM BEACH, FL 33409

New Mailing Address:

FEI Number: 20-0740342 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KAZANJIAN, JOHN
2100 N FLORIDA MANGO RD
WEST PALM BEACH, FL 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: D ( ) Delete
Name: KAZANJIAN, JOHN
Address: 2100 N FLORIDA MANGO RD
City-St-Zip: WEST PALM BEACH, FL 33409

Title: D ( ) Delete
Name: GEORGE, ERNEST W
Address: 2100 N FLORIDA MANGO RD
City-St-Zip: WEST PALM BEACH, FL 33409

Title: D ( ) Delete
Name: PENQUE, LOUIS
Address: 2100 N FLORIDA MANGO RD
City-St-Zip: WEST PALM BEACH, FL 33409

Title: D ( ) Delete
Name: APICELLA, ARTHUR
Address: 2100 N FLORIDA MANGO RD
City-St-Zip: WEST PALM BEACH, FL 33409

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:

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: JOHN KAZANJIAN D 01/30/2009

Electronic Signature of Signing Officer or Director — Date