2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008072

Entity Name: PALM BEACH COIN CLUB, INC.

FILED Jan 24, 2009 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	NGRESS AVE M BEACH, FL					
Current Mailing Address:			New Maili	New Mailing Address:		
1730 S. CONGRESS AVE. WEST PALM BEACH, FL 33466						
FEI Number: 09-5243690 FEI Number Applied For () FEI N		FEI Number Not Appl	Imber Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
WEST PAL	NGRESS AVE M BEACH, FL	33466 US				
in the State		ubmits this statement for the pur	pose of changing if	s registered office or re	egistered agent, or both,	
SIGNATURE:						
Electronic Signature of Registered Agent			İ	Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P ()[SWICER, TONY 3780 RAMBLEW GREENACRES, I		Title: Name: Address: City-St-Zip:	()Change() Addition	
Title: Name: Address: City-St-Zip:	V ()E DUCLOS, REGEI 1730 S. CONGRI WEST PALM BE	ESS AVE.	Title: Name: Address: City-St-Zip:	V (X) Change (ACEVEDO, ANTONIO 13761 87TH ST. N WEST PALM BEACH, FL		
Title: Name: Address: City-St-Zip:	S ()E ELESHEWICH, F 81 LOQUAT TRE LANTANA, FL 33	E DR.	Title: Name: Address: City-St-Zip:	S (X) Change (ELESHEWICH, BRUCE 81 LOQUAT TREE DR. LANTANA, FL 33462) Addition	
Title: Name: Address: City-St-Zip:	T () E LENEVE, ROBER 5441 VASON CO BOYNTON BEAC	URT	Title: Name: Address: City-St-Zip:	()Change() Addition	
Title: Name: Address: City-St-Zip:	D () E HIRSH, BUDDY 3286 ARCARA W LAKE WORTH, F		Title: Name: Address: City-St-Zip:	()Change() Addition	
Title: Name: Address: City-St-Zip:	CARVER, RICK 4225 ROYAL OA	Delete K DR. ARDENS, FL 33410	Title: Name: Address: City-St-Zip:	()Change() Addition	

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: TONY SWICER P 01/24/2009