

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90361 016 ****61.25

DOCUMENT # N05000001828	
1. Entity Name VOICE OF THE FAITHFULL OF PALM BEACH COUNTY INC.	

Principal Place of Business 431 NORTH LYRA CIRCLE JUNO BEACH, FL 33408	Mailing Address 431 NORTH LYRA CIRCLE JUNO BEACH, FL 33408
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc. P.O. Box 3176	Suite, Apt. #, etc. P.O. Box 3176
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City & State TEQUESTA, FL	City & State TEQUESTA, FL
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Zip 33469	Country U.S.	Zip 33469	Country U.S.
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01062006 Chg-NP CR2E037 (11/05)

4. FLI Number 20-2398166	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FROELICH, JOHN 12008 SOUTH SHORE BLVD SUITE 211 WELLINGTON, FL 33414
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 and title if applicable (NOTE: Registered Agent signature required when retreating) DATE

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AMANN, PETER 13332 MANGROVE ISLE PALM BEACH GARDENS, FL 33410 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AMANN, PATTI 13332 MANGROVE ISLE PALM BEACH GARDENS, FL 33410 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SALTER, RICH 400 NEPTUNE RD JUNO BEACH, FL 33408 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NIELSON, KEN 94 BEECHWOOD TR TEQUESTA, FL 33469 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V O'DONNELL, MERRY 431 NORTH LYRA CIRCLE JUNO BEACH, FL 33408 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D ☒ 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 Chapter 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: KEN NIELSON KEN NIELSON, TREASURER 4/17/06 561-744-2521
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #