

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004345

FILED
Apr 30, 2007
Secretary of State

Entity Name: HANLEY CENTER FOUNDATION, INC.

Current Principal Place of Business:

5200 EAST AVE
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

5200 EAST AVE
WEST PALM BEACH, FL 33407

New Mailing Address:

FEI Number: 20-2871945

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLEN, TERRY H
5200 EAST AVE
WEST PALM BEACH, FL 33407 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: CD () Delete
Name: MYERS, JIM
Address: 1249 BREAKERS WEST BLVD
City-St-Zip: WEST PALM BEACH, FL 33411

Title: TD () Delete
Name: MESSING, GIL
Address: 632 FERN STREET ST
City-St-Zip: WEST PALM BEACH, FL 33401

Title: SD () Delete
Name: HAMILTON, ANITA
Address: 425 WORTH AVE 5E
City-St-Zip: PALM BEACH, FL 33480

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:

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: JIM MYERS

CD

04/30/2007

Electronic Signature of Signing Officer or Director

Date