


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90063 020 ****70.00

DOCUMENT # N05000009545 1. Entity Name PALM BEACH COUNTRY CLUB SCHOLARSHIP FUND, INC.					
Principal Place of Business 760 NORTH COUNTY ROAD PALM BEACH, FL 33480			Mailing Address 760 NORTH COUNTY ROAD PALM BEACH, FL 33480		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-3482608	
5. Certificate of Status Desired				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JONES FOSTER SERVICE, LLC 505 SOUTH FLAGLER DRIVE SUITE 1100 WEST PALM BEACH, FL 33401			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D MCDONALD, JACK <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PO BOX 2029		NAME		
STREET ADDRESS	PALM BEACH, FL 33480		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D COLEMAN, DENNIS <input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	360 S. COUNTY ROAD		NAME	<i>Moscow, David</i>	
STREET ADDRESS	PALM BEACH, FL 33480		STREET ADDRESS	<i>3221 Monet Drive</i>	
CITY-ST-ZIP			CITY-ST-ZIP	<i>Frenchmans Creek</i>	
TITLE	D SMITH, LESLY S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	300 CHAPEL ROAD		NAME	<i>Stein, Michael</i>	
STREET ADDRESS	PALM BEACH, FL 33480		STREET ADDRESS	<i>760 North Ocean Blvd.</i>	
CITY-ST-ZIP			CITY-ST-ZIP	<i>Palm Beach, FL 33480</i>	
TITLE	P STEIN, MICHAEL <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	760 NORTH OCEAN BLVD		NAME		
STREET ADDRESS	PALM BEACH, FL 33480		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	P EICHNER, IRA <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	760 NORTH OCEAN BLVD		NAME		
STREET ADDRESS	PALM BEACH, FL 33480		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	P MACK, DAVID <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	760 NORTH OCEAN BLVD		NAME		
STREET ADDRESS	PALM BEACH, FL 33480		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Ira C. Eicher</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					