

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2008 08:00 AM
Secretary of State

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**



02012008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3482608

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JONES FOSTER SERVICE, LLC
505 SOUTH FLAGLER DRIVE SUITE 1100
WEST PALM BEACH, FL 33401**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDONALD, JACK PO BOX 2029 PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLEMAN, DENNIS 360 S. COUNTY ROAD PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, LESLY S 300 CHAPEL ROAD PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEIN, MICHAEL 760 NORTH OCEAN BLVD PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EICHNER, IRA 760 NORTH OCEAN BLVD PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSCOW, DAVID 3221 MONET DRIVE PALM BEACH GARDENS, FL 33410

000000825078
02/20/08-80105-018 70.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-08

Date

561-844-3501

Daytime Phone #