

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009545

FILED
Apr 28, 2009
Secretary of State

Entity Name: PALM BEACH COUNTRY CLUB SCHOLARSHIP FUND, INC.

Current Principal Place of Business:

760 NORTH COUNTY ROAD
PALM BEACH, FL 33480

New Principal Place of Business:

Current Mailing Address:

760 NORTH COUNTY ROAD
PALM BEACH, FL 33480

New Mailing Address:

FEI Number: 20-3482608

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JONES FOSTER SERVICE, LLC
505 SOUTH FLAGLER DRIVE SUITE 1100
WEST PALM BEACH, FL 33401 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: D () Delete
Name: MCDONALD, JACK
Address: PO BOX 2029
City-St-Zip: PALM BEACH, FL 33480

Title: D () Delete
Name: COLEMAN, DENNIS
Address: 360 S. COUNTY ROAD
City-St-Zip: PALM BEACH, FL 33480

Title: D () Delete
Name: SMITH, LESLY S
Address: 300 CHAPEL ROAD
City-St-Zip: PALM BEACH, FL 33480

Title: D () Delete
Name: STEIN, MICHAEL
Address: 760 NORTH OCEAN BLVD
City-St-Zip: PALM BEACH, FL 33480

Title: P () Delete
Name: EICHNER, IRA
Address: 760 NORTH OCEAN BLVD
City-St-Zip: PALM BEACH, FL 33480

Title: D () Delete
Name: MOSCOW, DAVID
Address: 3221 MONET DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33410

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: EICHNER, IRA
Address: 760 NORTH OCEAN BLVD
City-St-Zip: PALM BEACH, FL 33480

Title: P (X) Change () Addition
Name: CURTIS, ALAN
Address: 720 SOUTH OCEAN BLVD.
City-St-Zip: PALM BEACH, FL 33480

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: ALAN CURTIS

P

04/28/2009

Electronic Signature of Signing Officer or Director

Date