

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90008 043 ****61.25

DOCUMENT # N05000010012 1. Entity Name DEMOCRATIC PROFESSIONALS COUNCIL, INC.					
Principal Place of Business 286 CARAVELLE DR. JUPITER, FL 33458			Mailing Address PO BOX 1692 JUPITER, FL 33458		
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 13-4304926				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILLER, BRYAN S 286 CARAVELLE DR. JUPITER, FL 33458			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, BRYAN S.		NAME	Laxer, Tara	
STREET ADDRESS	286 CARAVELLE DR.		STREET ADDRESS	8723 Eagle Run Dr.	
CITY-ST-ZIP	JUPITER, FL 33458		CITY-ST-ZIP	Boca Raton, FL 33434	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, NORA		NAME	McGovern, Michelle Oyala	
STREET ADDRESS	286 CARAVELLE DR.		STREET ADDRESS	1770 Mission Court #4	
CITY-ST-ZIP	JUPITER, FL 33458		CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE	D	<input type="checkbox"/> Delete	TITLE		
NAME	LIPSICH, WENDI		NAME		
STREET ADDRESS	15928 DOUBLE EAGLE TRAIL		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33446		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		
NAME	SELZER, JUDITH		NAME		
STREET ADDRESS	127 SE 7TH AVE, APT 3		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33483		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		
NAME	SCHOSBERG-FEUER, SAMANTHA		NAME		
STREET ADDRESS	801 FOREST HILL BLVD.		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33405		CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			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: 			Bryan S. Miller		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 2/23/07 Daytime Phone #: 561-650-0554		