

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2007 AUG 13 AM 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07192007 Chg-NP CR2E037 (12/06)

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 Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MILLER, BRYAN S 286 CARAVELLE DR. JUPITER, FL 33458				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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>					
DATE _____					
Amended AR is \$61.25		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	Mahoney, Jennifer	
STREET ADDRESS	286 CARAVELLE DR.		STREET ADDRESS	605 Upland Road	
CITY-ST-ZIP	JUPITER, FL 33458		CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, NORA		NAME	Bird, Linda	
STREET ADDRESS	286 CARAVELLE DR.		STREET ADDRESS	2790 NEST CT.	
CITY-ST-ZIP	JUPITER, FL 33458		CITY-ST-ZIP	Fort Lauderdale, FL 33308	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LIPSICH, WENDI		NAME	Kennedy, Elizabeth	
STREET ADDRESS	15928 DOUBLE EAGLE TRAIL		STREET ADDRESS	PO Box 1166	
CITY-ST-ZIP	DELRAY BEACH, FL 33446		CITY-ST-ZIP	Tallahassee, FL 32302	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SELZER, JUDITH		NAME	Curran, Anna P.	
STREET ADDRESS	127 SE 7TH AVE, APT 3		STREET ADDRESS	10635 Sandridge Ct.	
CITY-ST-ZIP	DELRAY BEACH, FL 33483		CITY-ST-ZIP	Orlando, FL 32817	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHOSBERG-FEUER, SAMANTHA		NAME	Fenn, Jennifer L.	
STREET ADDRESS	801 FOREST HILL BLVD.		STREET ADDRESS	4104 N. Central Ave.	
CITY-ST-ZIP	WEST PALM BEACH, FL 33405		CITY-ST-ZIP	Tampa, FL 33603	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAXER, TARA		NAME		
STREET ADDRESS	8723 EAGLE RUN RD.		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33434		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: <u>Bryan S. Miller</u> 7/21/07					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					

8/15
aw