


2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

Page 1 of 2

DOCUMENT # N05000010012 1. Entity Name DEMOCRATIC PROFESSIONALS COUNCIL, INC.						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 08 JUL 24 PM 4:19	
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	
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			
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.				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
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 NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MILLER, BRYAN S. 286 CARAVELLE DR. JUPITER, FL 33458			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-weight: bold;">000133393950</div> <div style="text-align: center;">07/24/08--01029--011 **\$61.25</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MILLER, NORA 286 CARAVELLE DR. JUPITER, FL 33458			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete LIPSICH, WENDI 15928 DOUBLE EAGLE TRAIL DELRAY BEACH, FL 33446			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<div style="font-size: 2em; transform: rotate(-15deg); opacity: 0.5;">See Attached Note</div>							
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>Nora Miller</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				7/16/08 561-876-3707 <small>Daytime Phone #</small>			

P. Miller



July 16, 2008

Florida Department of State
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

Re: Democratic Professionals Council 2008 Not-For-Profit Corporation **AMENDED** Annual Report

To Whom It May Concern:

Please amend the Democratic Professionals Council annual report by removing the directors listed below.
Questions should be directed to Nora Miller (561) 876-3707.

Bird, Linda
2790 NE 57 Ct.
Fort Lauderdale, FL 33308

Johnson, Audrey
245 Murcia Dr., #103
Jupiter, FL 33458

Sincerely,

Nora L. Miller
Secretary/Treasurer
Democratic Professionals Council