

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000012474

1. Entity Name

NBCTS OF PALM BEACH, INC.



Principal Place of Business

15591 75TH LN N
LOXAHATCHEE, FL 33470

Mailing Address

15591 75TH LN N
LOXAHATCHEE, FL 33470



01152007 No Chg-NP

CR2E037 (4/06)

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4. FEI Number

72-1608956

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ENOS, MICHELLE
15591 75TH LN NORTH
LOXAHATCHEE, FL 33470

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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, 2007**

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
DP
ENOS, MICHELLE
15591 75TH LN N
LOXAHATCHEE, FL 33470

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SILVERSTEIN, DANNA
6980 STONEY CREEK CIR
LAKE WORTH, FL 33467

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DILLINGHAM, VERONICA
500 EXECUTIVE CENTER DR #5B
W PALM BCH, FL 33406

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
DELONG, CAROL
13797 77TH PL N
W PALM BCH, FL 33412

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
GILMORE, TERESA
15744 77TH PL N
LOXAHATCHEE, FL 33470

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
WEITZ, JILL
3901 S FLAGLER #904
W PALM BCH, FL 33405

U000000593207
01/22/07-80023-009 61.25

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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

Date

Daytime Phone #

Michelle D. Enos

1-17-07 561-644-8522