

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000012474

**FILED**  
**Jan 08, 2011**  
**Secretary of State**

**Entity Name:** NBCTS OF PALM BEACH, INC.

**Current Principal Place of Business:**

5241 BRISATA CIRCLE  
APT F  
BOYNTON BEACH, FL 33437

**New Principal Place of Business:**

**Current Mailing Address:**

5241 BRISATA CIRCLE  
APT F  
BOYNTON BEACH, FL 33437

**New Mailing Address:**

**FEI Number:** 72-1608956

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BLAKESLEE, BARBARA R  
5241 BRISATA CIRCLE  
APT F  
BOYNTON BEACH, FL 33437 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:** TRES  
**Name:** BLAKESLEE, BARBARA R  
**Address:** 5241 BRISATA CIR APT F  
**City-St-Zip:** BOYNTON BEACH, FL 33437

**Title:** VP  
**Name:** EVANS, SARAH  
**Address:** 89 LAKE ARBOR DR  
**City-St-Zip:** LAKE WORTH, FL 33461

**Title:** PRES  
**Name:** PREDMORE, SHERI B  
**Address:** 622 SOUTH RD.  
**City-St-Zip:** BOYNTON BEACH, FL 33435

I hereby 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 all other like empowered.

**SIGNATURE:** BARBARA R. BLAKESLEE

TRES

01/08/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date