

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90058 033 ****70.00

DOCUMENT # N05000012860

1. Entity Name
**PALM BEACH COUNTY DISASTER RECOVERY
COALITION, INC.**



Principal Place of Business
**2600 QUANTUM BLVD.
BOYNTON BCH, FL 33426**

Mailing Address
**2600 QUANTUM BLVD.
BOYNTON BCH, FL 33426**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01112008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
20-4595245

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BAGDASARIAN, RICHARD C
1800 CORPORATE BLVD. NW, SUITE 302
BOCA RATON, FL 33431**

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 Richard Bagdasarian

04-03-08

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 | CD CAHOON, PAM 4401 GARDEN AVE. W. PALM BCH, FL 33405 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VCD BLAKENEY, MARY 825 FERN ST. W. PALM BCH, FL 33401 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TARTAKOW, OLIVIA 5811 CORPORATE WAY WEST PALM BEACH, FL 33422 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TAYLOR, SHERI 2600 QUANTUL BLD BOYNTON BEACH, FL 33426 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD Blakeney, Mary 825 Fern Street West Palm Beach Fl. 33401 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VCD Ryaman, Greg | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD Zimmerman, Gloria | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD Houston, Daryl 2600 Quantum Blvd. Boynton Beach Fl. 33426 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Jennifer Beckman 2600 Quantum Blvd. Boynton Beach Fl. 33426 | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Jennifer Beckman Jennifer Beckman 04-03-08 (561) 395-6682