2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012860

FILED Apr 30, 2009 Secretary of State

Entity Name: PALM BEACH COUNTY DISASTER RECOVERY COALITION, INC.

Current Principal Place of Business: New Principal Place of Business: 2600 QUANTUM BLVD BOYNTON BCH, FL 33426 **Current Mailing Address: New Mailing Address:** 2600 QUANTUM BLVD BOYNTON BCH, FL 33426 FEI Number: 20-4595245 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BAGDASARIAN, RICHARD C 1800 CORPORÁTE BLVD. NW, SUITE 302 BOCA RATON, FL 33431 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: VCD () Delete (X) Change () Addition RYAMAN, GREG Name: RYDMAN, GREG Name: 4401 GARDEN AVE. Address: 2100 PLAM BEACH LAKES BLVD Address: City-St-Zip: W. PALM BCH, FL 33405 City-St-Zip: W. PALM BCH, FL 33409 Title: CD () Delete Title: CD (X) Change () Addition BLAKENEY, MARY Name: BLAKENEY, MARY Name: Address: 825 FERN STREET Address: 20 S. MILITARY TRAIL City-St-Zip: W. PALM BCH, FL 33401 City-St-Zip: W. PALM BCH, FL 33415 Title: () Delete Title: SD (X) Change () Addition ZIMMERMAN, GLORIA GAMERO, LIZZETTE Name: Name: Address: **825 FERN STREET** Address: **825 FERN STREET** City-St-Zip: WEST PALM BEACH, FL 33422 City-St-Zip: WEST PALM BEACH, FL 33422 () Change () Addition Title: TD (X) Delete Title: Name: HOUSTON, DARYL Name: 2600 QUANTUM BLVD Address: Address: City-St-Zip: BOYNTON BEACH, FL 33426 City-St-Zip: Title: () Delete Title: () Change () Addition BECKMAN, JENNIFER Name: Name: 2600 QUANTUM BLVD Address: Address: BOYNTON BEACH, FL 33426 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JENNIFER BECKMAN D 04/30/2009