

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N06000005151**

1. Entity Name  
**PARAGON FOUNDATION OF PALM BEACH COUNTY,  
INC.**



Principal Place of Business  
**4510 PORTOFINO WAY  
#209  
WEST PALM BEACH, FL 33409 US**

Mailing Address  
**4510 PORTOFINO WAY  
#209  
WEST PALM BEACH, FL 33409 US**



01112008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-8610932**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD, SUITE 221E  
PALM BEACH GARDENS, FL 33410**

**DO NOT WRITE  
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

**000000784281**

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**01/16/08-80050-001 70.00**

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	JAMES, KEITH A
STREET ADDRESS	4510 PORTOFINO WAY, #209
CITY-ST-ZIP	WEST PALM BEACH, FL 33409
TITLE	DS
NAME	KERR-WARD, ZENORA
STREET ADDRESS	5725 CORPORATE WAY, SUITE 208
CITY-ST-ZIP	WEST PALM BEACH, FL 33407
TITLE	DT
NAME	OXENDINE, JOHN
STREET ADDRESS	2727 N. OCEAN BOULEVARD, #A-506
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	D
NAME	TOOKES, HANSEL
STREET ADDRESS	% KEITH A. JAMES, 4510 PORTOFINO WAY, #209
CITY-ST-ZIP	WEST PALM BEACH, FL 33409
TITLE	D
NAME	DAVENPORT, LAWRENCE J
STREET ADDRESS	% KEITH A. JAMES, 4510 PORTOFINO WAY, #209
CITY-ST-ZIP	WEST PALM BEACH, FL 33409
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 #

**1/11/08 (561) 686-2247**