

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007713

FILED
Aug 17, 2009
Secretary of State

Entity Name: THE PALM BEACH POLICE FOUNDATION, INC.

Current Principal Place of Business:

139 NORTH COUNTY ROAD
SUITE 20C
PALM BEACH, FL 33480

New Principal Place of Business:

Current Mailing Address:

139 NORTH COUNTY ROAD
SUITE 20C
PALM BEACH, FL 33480

New Mailing Address:

FEI Number: 83-0462654 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HESS, FRED
139 NORTH COUNTY ROAD
STE 20C
PALM BEACH, FL 33480 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: D () Delete
Name: HESS, FRED
Address: 139 NORTH COUNTY ROAD SUITE 20C
City-St-Zip: PALM BEACH, FL 33480

Title: D () Delete
Name: CUNNINGHAM, CAROL
Address: 139 NORTH COUNTY ROAD SUITE 20C
City-St-Zip: PALM BEACH, FL 33480

Title: D () Delete
Name: MORAN, TIM
Address: 139 NORTH COUNTY ROAD SUITE 20C
City-St-Zip: PALM BEACH, FL 33480

Title: D () Delete
Name: PAGAN, MICHELE
Address: 139 NORTH COUNTY ROAD SUITE 20C
City-St-Zip: PALM BEACH, FL 33480

Title: D () Delete
Name: SCARPA, JOHN F
Address: 1676 SOUTH OCEAN BLVD
City-St-Zip: PALM BEACH, FL 33480

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: DIVER, LESLIE C
Address: 139 NORTH COUNTY ROAD SUITE 20C
City-St-Zip: PALM BEACH, FL 33480

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: LESLIE C DIVER

D

08/17/2009

Electronic Signature of Signing Officer or Director

Date