

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90039 021 ****61.25

DOCUMENT # N07000009951

1. Entity Name
PALM BEACH COUNTY MTA, INC.



Principal Place of Business
8167 150TH COURT N
PALM BEACH GARDENS, FL 33418

Mailing Address
8167 150TH COURT N
PALM BEACH GARDENS, FL 33418

40040100



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02282008 Chg-NP CR2E037 (12/06)

4. FEI Number
75-3257800

Applied For
Not Applicable

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

MCOWEN, MARY W
302 NW 18TH STREET
DELRAY BEACH, FL 33444

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE **P** ☒ Delete
NAME **ROTHSCHILD, MARY ANN**
STREET ADDRESS **1433 S.E. CAMBRIDGE DRIVE**
CITY-ST-ZIP **PORT ST LUCIE, FL 33418**

TITLE **P** ☒ Delete
NAME **SIMPSON, PAT**
STREET ADDRESS **8167 150TH COURT N**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P/D** ☒ Change ☐ Addition
NAME **Rothschild, Mary ANN**
STREET ADDRESS **1433 SE Cambridge Dr.**
CITY-ST-ZIP **Port St. Lucie FL 34952**

TITLE **T/D** ☒ Change ☐ Addition
NAME **Simpson, Patricia**
STREET ADDRESS **8167 150 COURT N**
CITY-ST-ZIP **Palm Beach Gardens FL 33418**

TITLE **V/D** ☐ Change ☒ Addition
NAME **Joseph LaBonte**
STREET ADDRESS **1433 SE Cambridge Dr**
CITY-ST-ZIP **Port St. Lucie FL 34952**

TITLE **S/D** ☐ Change ☒ Addition
NAME **Suzanne Jarvis**
STREET ADDRESS **100 Segura St.**
CITY-ST-ZIP **Royal Palm Beach FL 33411**

TITLE **D** ☐ Change ☒ Addition
NAME **Mary Mcowen**
STREET ADDRESS **302 NW 18 ST.**
CITY-ST-ZIP **DeLray Beach FL 33444**

TITLE **V/D** ☐ Change ☒ Addition
NAME **Sandra Baran**
STREET ADDRESS **6062 Robinson St**
CITY-ST-ZIP **Jupiter FL 33458**

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: Patricia Simpson Patricia Simpson

2-28-08 561-743-9625

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #