

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009951

FILED  
Jan 26, 2009  
Secretary of State

Entity Name: PALM BEACH COUNTY MTA, INC.

**Current Principal Place of Business:**

8167 150TH COURT N  
PALM BEACH GARDENS, FL 33418

**New Principal Place of Business:**

**Current Mailing Address:**

8167 150TH COURT N  
PALM BEACH GARDENS, FL 33418

**New Mailing Address:**

FEI Number: 75-3257800

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCOWEN, MARY W  
302 NW 18TH STREET  
DELRAY BEACH, FL 33444 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: P/D ( ) Delete  
Name: ROTHSCCHILD, MARYANN  
Address: 1433 SE CAMBRIDGE DR  
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: T/D ( ) Delete  
Name: SIMPSON, PATRICIA  
Address: 8167 150 COURT N  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: V/D ( ) Delete  
Name: LABONTE, JOSEPH  
Address: 1433 SE CAMBRIDGE DR  
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: S/D ( ) Delete  
Name: JARVIS, SUZANNE  
Address: 100 SEGURA ST  
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: D ( ) Delete  
Name: MCOWEN, MARY  
Address: 302 NW 18 ST  
City-St-Zip: DELRAY BEACH, FL 33444

Title: V/D ( ) Delete  
Name: BARAN, SANDRA  
Address: 6062 ROBINSON ST  
City-St-Zip: JUPITER, FL 33458

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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: PATRICIA SIMPSON

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01/26/2009

Electronic Signature of Signing Officer or Director

Date