2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# N07000011408

Entity Name: PALM BEACH MULTICULTURAL ORGANIZATION INCORPORATION

Current Principal Place of Business:

7525 BRIAR CLIFF CIRCLE
LAKE WORTH, FL 33467

New Principal Place of Business:

Current Mailing Address:

7525 BRIAR CLIFF CIRCLE
LAKE WORTH, FL 33467

New Mailing Address:

FEI Number: 26-1493981 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BLENMAN, LOMA
7525 BRIAR CLIFF CIRCLE
LAKE WORTH, FL 33467 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 ( ) Delete
Name: BLENMAN, LOMA
Address: 7525 BRIAR CLIFF CIRCLE
City-St-Zip: LAKE WORTH, FL 33467

Title: V ( ) Delete
Name: LISA, DUBISSON
Address: 3565 NORTH WEST 86TH WAY APT. 208
City-St-Zip: SUNRISE, FL 33351

Title: T ( ) Delete
Name: BLENMAN, SYDNEY M JR
Address: 7525 BRIAR CLIFF CIRCLE
City-St-Zip: LAKE WORTH, FL 33467

Title: S ( ) Delete
Name: LEONG, BRANDI
Address: 1624 CROOKED STICK WAY
City-St-Zip: GREENACRES, FL 33413

Title: EA ( ) Delete
Name: RICKETTS, EVADNEY
Address: 8788 BRIAR WOOD MEADOW LANE
City-St-Zip: BOYNTON BEACH, FL 33473

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change ( ) Addition
Name: BLENMAN, LOMA
Address: 7525 BRIAR CLIFF CIRCLE
City-St-Zip: LAKE WORTH, FL 33467

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

Title: S (X) Change ( ) Addition
Name: ELLIOTT, SHARROL
Address: 7369 WESCOTT TERRACE
City-St-Zip: LAKE WORTH, FL 33467

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: LOMA BLENMAN P 04/06/2009

Electronic Signature of Signing Officer or Director — Date