

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001964

FILED
Apr 24, 2009
Secretary of State

Entity Name: PALM BEACH COUNTY RABBITEERS, INC.

Current Principal Place of Business:

16650 SW MORGAN STREET
INDIANTOWN, FL 34956

New Principal Place of Business:

Current Mailing Address:

16650 SW MORGAN STREET
INDIANTOWN, FL 34956

New Mailing Address:

FEI Number: 77-0714340

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONWAY, JANE
16650 SW MORGAN STREET
INDIANTOWN, FL 34956 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: DP () Delete
Name: CONWAY, JANE
Address: 16650 SW MORGAN STREET
City-St-Zip: INDIANTOWN, FL 34956

Title: DS () Delete
Name: CONWAY, CAITLIN J
Address: 16650 SW MORGAN STREET
City-St-Zip: INDIANTOWN, FL 34956

Title: DVP () Delete
Name: RIGGINS, BARBARA J
Address: 12770 SE CIRCLE DRIVE
City-St-Zip: HOBE SOUND, FL 34956

Title: DT () Delete
Name: NERI, SHELLY A
Address: 1029 SW SULTAN DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34853

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DS (X) Change () Addition
Name: CONWAY, MICHAEL J
Address: 16650 SW MORGAN STREET
City-St-Zip: INDIANTOWN, FL 34956

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: JANE CONWAY

DP

04/24/2009

Electronic Signature of Signing Officer or Director

Date