

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005133

FILED
May 03, 2010
Secretary of State

Entity Name: SOROPTIMIST INTERNATIONAL OF THE PALM BEACHES, INC.

Current Principal Place of Business:

3078 DREW WAY
WEST PALM BEACH, FL 33406

New Principal Place of Business:

1501 MEDITERRANEAN RD E
LAKE CLARKE SHORES, FL 33406

Current Mailing Address:

3078 DREW WAY
WEST PALM BEACH, FL 33406

New Mailing Address:

1501 MEDITERRANEAN RD E
LAKE CLARKE SHORES, FL 33406

FEI Number: 38-3665571 **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:

PEASE, KATHI
3078 DREW WAY
A
WEST PALM BEACH, FL 33406 US

Name and Address of New Registered Agent:

PERIALAS GRADY, SOPHIA
1501 MEDITERRANEAN RD. E
A
LAKE CLARKE SHORES, FL 33406 US

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: SOPHIA PERIALAS GRADY

05/03/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: PERIALAS GRADY, SOPHIA
Address: 1501 MEDITERRANEAN RD E
City-St-Zip: LAKE CLARKE SHORES, FL 33406 US

Title: VP
Name: O'NEAL, VAL
Address: 4908 ROYAL CT. N
City-St-Zip: ROYAL PALM BEACH, FL 33415 US

Title: T
Name: GIL, ROSALIE
Address: 8316 QUITO PLACE
City-St-Zip: WELLINGTON, FL 33414 US

Title: S
Name: STERLING, ELISA
Address: 3305 HARNESS CIRCLE
City-St-Zip: WELLINGTON, FL 33467 US

Title: D
Name: WILLINGHAM, PETRONIA
Address: 221 WINSOR J
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: D
Name: IHO, CATHLEEN
Address: 509 INDIGO AVE
City-St-Zip: WELLINGTON, FL 33414

I hereby 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 all other like empowered.

SIGNATURE: SOPHIA PERIALAS GRADY

P

05/03/2010

Electronic Signature of Signing Officer or Director

Date