


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90177 030 ****61.25

DOCUMENT # N19137 1. Entity Name VARIETY CLUB OF THE PALM BEACHES, INC.			
Principal Place of Business 2875 S OCEAN BLVD SUITE 200-7 PALM BEACH, FL 33480 US		Mailing Address 2875 S OCEAN BLVD SUITE 200-7 PALM BEACH, FL 33480 US	
2. Principal Place of Business - No P.O. Box # 400 S. FEDERAL HWY Suite, Apt. #, etc. 401 City & State BOYNTON BEACH, FL		3. Mailing Address 400 S. FEDERAL HWY Suite, Apt. #, etc. 401 City & State BOYNTON BEACH, FL	
Zip 33435 Country USA		Zip 33435 Country USA	
4. FEI Number 59-2806086		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NECTOW, HAROLD 2870 OCEAN BLVD., #110 PALM BEACH, FL 33480		7. Name and Address of New Registered Agent Name LINDA SIMON Street Address (P.O. Box Number is Not Acceptable) 648 MANATEE BAY DR BOYNTON BEACH, FL 33435 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 <i>Linda Simon by TE LINDA SIMON</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE 4-11-07 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SHAPIRO, IRVING <input type="checkbox"/> Delete 2425 PRESIDENTIAL WAY 1504 WEST PALM BEACH, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUTZ, EDITH B <input type="checkbox"/> Delete 4561 OAKTREE CT DELRAY BEACH, FL 33445	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SIMON, LINDA <input type="checkbox"/> Delete 648 MANATEE BAY DR BOYNTON BEACH, FL 33435	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LINDA SIMON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 648 MANATEE BAY DR BOYNTON BEACH, FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC NECTOW, HAROLD <input type="checkbox"/> Delete 2780 OCEAN BLVD., #110 PALM BEACH, FL 33480	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HAROLD NECTOW <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2780 S. OCEAN BLVD #110 PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAM, SANDLER <input checked="" type="checkbox"/> Delete 3100 S OCEAN BL #N402 PLM BCH, FL 33480	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Linda Simon by TE LINDA SIMON</i>		Date 4-11-07 Daytime Phone # (561) 364-7700	