

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90053 017 ****61.25

DOCUMENT # N28567

1. Entity Name

AREA AGENCY ON AGING OF PALM BEACH/TREASURE
COAST, INC.



Principal Place of Business

1764 N. CONGRESS AVENUE, STE. 201
WEST PALM BEACH FL 33409

Mailing Address

1764 N. CONGRESS AVENUE, STE. 201
WEST PALM BEACH FL 33409

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0087858

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WATT, JAMES L.
324 ROYAL PALM WAY
#300
WEST PALM BEACH FL 33480

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD IRBY, FRANK 1385 SE 23RD ST OKEECHOBEE FL 34972	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOYLE, EILEEN 3525 TACOMIC DRIVE WEST PALM BEACH FL 33406	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GESSNER, BETH 697 NE HORIZON LANE PORT SAINT LUCIE FL 34983	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HARALSON, DAVID 299 KELSEY PARK CIRCLE PALM BEACH GARDENS FL 33410	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Day, Mary 9043 E. Highland Pines Blvd. Palm Beach Gardens, FL 33418	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Mary E Day

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/04

561-684-5885

Date

Daytime Phone #